

Attention Aaron Ostrom

Brookhaven College <small>DALLAS COUNTY COMMUNITY COLLEGE DISTRICT</small>	Office of Special Programs Office Telephone: 972-860-4652 Fax: 972-698-3082 Email: bhcStudyAbroad@dcccd.edu
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Authorization for Enrollment Of High School Concurrent Student (www1.dcccd.edu/cat0608/admiss/hs.cfm) In the Multinational Academic Program (MAP)

This certifies that _____, SSN _____ - ____ - _____, is or will be enrolled as a student at _____ High School and has permission to concurrently enroll with Brookhaven College of the DCCCD during the _____ Semester of _____. The student's date of birth is: _____.

College Course Name	Course Number	Credit Hours
1		
2		

Student Acknowledgement and Parent Permission:

I, the student, understand that I will be enrolling in a college credit course(s) at Brookhaven College, Dallas County Community College District, and will receive a letter grade that will be recorded on my permanent college transcript. I understand that it is **MY** responsibility to submit the required withdrawal form to the college registrar or current enrollment coordinator by the published deadline if I wish to withdraw from the course.

We, the student and the parent, understand that **ACADEMIC FREEDOM** is practiced at all Dallas County Community College District colleges. Academic Freedom allows faculty and students to pursue whatever inquiry they feel is important and to speak about it in the classroom without fear of censorship. We understand that within a college environment, students may encounter adult language and images, different philosophical viewpoints and belief systems. We understand that appropriate and essential discipline-specific terminology, concepts and principles are utilized as needed in the classroom setting. All high school students are held accountable to policies, rules and regulations of the Dallas County Community College District. For more information visit www.dcccd.edu. **We understand that the student's 16th birthday must have already passed before the day the program begins.**

Student Signature	Date	Parent/Guardian Signature	Date

High School Recommendation:

I believe that this student has sufficient maturity and adequate intellectual capacity to successfully complete the courses listed above. I recommend this student for a college-level language program.

Signature of High School Official	Title	Date

How to Submit This Form and Supporting Materials:

1. Please, download the Adobe PDF **Application for Admission** at www.dcccd.edu/formspdf/admapp.pdf. Print it out, and carefully complete all sections of all pages (except for page 5). Be sure to sign the form!
2. Obtain an **Official Transcript** from the current or most recent high school.
3. Assemble item 1 (the **Application for Admission**); item 2 (the **High School Transcript**); item 3, this form (**Authorization for Enrollment**), and item 4, a cover letter introducing yourself and describing the location, dates, and type of language program for which you have registered. Mail these all together in ONE envelope to:

Aaron B. W. Ostrom, Ph.D.
Brookhaven College
3939 Valley View Lane
Farmers Branch, Dallas TX 75244-4997

FOR COLLEGE USE ONLY

Date Application Approved: _____

Approving College Official _____

Educational and employment opportunities are offered by Brookhaven College without regard to race, color, age, national origin, religion, sex, disability or sexual orientation.