

## Student Memorandum of Understanding

I agree to abide by the policies and regulations of HACC, Central Pennsylvania's Community College. Further, I understand the following:

- I am responsible to ensure that all required forms and documentation are submitted in a timely manner and that required placement testing is completed before course enrollment is processed;
- admission to HACC and enrollment in Dual Enrollment College Programs for high school students are separate processes and placement testing may determine eligibility for enrollment;
- the application fee is non-refundable regardless of eligibility for course enrollment;
- I risk being dropped from my classes if I fail to pay tuition in full or fail to make payment arrangements by the due date;
- I understand that I am enrolling in a college class which may contain content that challenges my perceptions of the world around me and expose me to controversial or adult topics;
- I take full responsibility for the outcome of the courses as outlined in the course syllabus provided by the instructor; and
- In the event that I decide to discontinue enrollment in any course, I will immediately notify the Campus College Pathways Coordinator and my instructor(s).

Student Signature

(mm/dd/yyyy)

## Signatures

By signing this document, I, the student, agree to the terms of the Student Memorandum of Understanding and the Authorization to Release Information Statement. I hereby understand that any misrepresentation of information in this application may result in denial of admission or dismissal.

Student Signature

(mm/dd/yyyy)

I, the parent/guardian, have reviewed this application for the Dual Enrollment Program and approve my dependent child's financial and educational responsibilities to participate with my signature below.

Parent/Guardian Signature (required if student is under age 18)

(mm/dd/yyyy)

## High School Recommendation

I, the undersigned, have reviewed this application/enrollment form(s) with the student and attest to the school district support of the student participating in the HACC College Programs for High School Students. The student will be a high school junior or senior at the time of registration. I confirm all student information, to be accurate.

High School Counselor or Principal Signature

(mm/dd/yyyy)

Title



**Finally  
YOURS.**

HACC does not discriminate in employment, student admissions, and student services on the basis of race, color, religion, age, political affiliation or belief, sex, national origin, ancestry, disability, place of birth, General Education Development Certification (GED), marital status, sexual orientation, gender identity or expression, veteran status or any other legally protected classification.

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