



Early College Credit Form

This form is for high school students who have completed the 8th grade or are 15 years of age or older and are of mature enough age to be admitted to college.

- The student is treated as an adult and is expected to act responsibly.
- Grades earned at MiraCosta College are recorded on the student's college transcript.
- Students can enroll up to a maximum of 11 units per fall or spring semester for OUSD CCAP Dual Enrollment students who may enroll in a summer session. Please see MiraCosta College AP 5011.

Where to submit your form:

- **Adobe e-Sign Form:** Admissions & Records will receive the form once all parties have signed.
- **Print and Sign Form:** Email the completed form to dualenroll@miracosta.edu.
- Once the form is processed (usually in 1-3 business days), Adobe e-Sign will send an automated email to everyone confirming that the form has been processed. If the form was emailed, the student will receive confirmation from dualenroll@miracosta.edu.

Student Information

Student Name: _____
(first) (middle) (last)

SURF ID: _____ Date of Birth: _____ Phone: _____ Email: _____

Current Grade in High School: _____ Expected High School Graduation Date (MM/YYYY): _____

FERPA Release of Authorization to Parent or Guardian

FERPA gives the student the right to provide consent for disclosing information from their education records to a parent or guardian. By initialing this section, the student authorizes MiraCosta College to share information regarding their application status, registration progress, enrollment status, and account balance. **Initial** _____

To opt out of **Release of Information to Parent or Guardian**, students must submit a written request to dualenroll@miracosta.edu.

FERPA Parent/Guardian Information (a) (u) - 85 (o) 1 () J O c O d () T J E M C E T / A r t i f a / P A M C I 2 D (n) 1 J M C

	Guardian	
	Parent	Guardian

Student Acknowledgement: I acknowledge that I am opting out of the \$2 student representation fee. **Initial** _____

Student Signature: _____ **Date:** _____

Parent/Guardian Authorization

IMPORTANT: The parent/guardian approval section is **NOT** required for students who are 18 years or older.

- I acknowledge that my child/legal ward will be creating a permanent college academic record at MiraCosta College. **Initial**
- I give my permission for emergency first aid and treatment for my minor child/legal ward. **Initial**
- I also give permission for my child/legal ward to be treated by a nurse, physician, and/or mental health counselor in the Student Health Center at MiraCosta College. **Initial**

Office Use Only

Private School Affidavit: _____ Residency: _____ Staff Initials:

Notes:

Student Accessibility Services

High school students with an IEP (Individualized Education Plan) or 504 Plan can visit the [Student Accessibility Services \(SAS\)](#) webpage to submit an academic accommodations application for their MiraCosta College courses.

- o **Questions? Connect with the [Student Accessibility Services Office](#):**
 - o **Email:** sas@miracosta.edu
 - o **Phone:** 760.795.6658
 - o **Office Location:** Building 14, 2nd Floor, Oceanside Campus

Rights and Responsibilities of Students

Questions? Connect with Us!

- Email: dualenroll@miracosta.edu
- Oceanside Campus: 760.795.6620
- San Elijo Campus: 760.634.7870
- Visit us on-campus at the Welcome Center's. Visit miracosta.edu/admissions for the regular hours of operation.