

Dual Enrollment Consent Form

Student Name: _____
Last First Middle

Student Email: _____ Phone: _____ Date of Birth: _____

High School Name: _____ High School Grad Year: _____

Parent/Guardian Name: _____ Email: _____

Parent/Guardian Phone: _____

Student/Parent Consent:

For the student: I wish to participate in MTSU's Dual Enrollment program. I understand that I am responsible for any fees that result from my participation. I understand that my transcript will not be released if I owe an outstanding balance to the University. I understand that my Academic Standing (Good Standing, Probation, Suspension, etc.) will be based on the grades I have earned in my college coursework. I understand that it is my responsibility to provide transcripts from any other colleges or universities I attend or have attended. **I agree that I have read and agree to the Dual Enrollment Grant (DEG) Rules and Procedures. I agree that I have read and agree to the rules of the Dual Enrollment First Four Scholarship.** I understand that the DEG Application must be completed **each academic year** in order to be eligible for Grant funds. I authorize the Dual Enrollment Office to register me for any classes I have elected to take at my high school.

For the parent: I am allowing my son/daughter to participate in MTSU's Dual Enrollment program. I understand that I am responsible for any fees that result from his/her participation in dual enrollment courses. I agree that I have read and understand the Dual Enrollment Grant (DEG) Rules and Procedures. I understand that the DEG Application must be completed **each academic year** in order to be eligible for Grant funds. I authorize the Dual Enrollment Office to register my student for any classes that he/she has elected to take at his/her high school.

Student Signature

Parent/Guardian Signature

Date

High School Consent:

(required for students taking courses on-campus or online)

I grant my permission for the above named student to participate in Dual Enrollment classes at MTSU. I understand the admission requirements for participation in Dual Enrollment. I recommend the above named student on the basis of academic readiness and maturity. I will communicate any changes to the student's enrollment status/schedule of which I become aware in a timely manner.

Counselor/Administrator Name

Counselor/Administrator Signature

Date

Dual Enrollment Consent Form

The General Assembly of the State of Tennessee mandates that each public or private postsecondary institution in the state provide information concerning Hepatitis B infection and Meningococcal Meningitis infection to all students entering the institution for the first time. Tennessee law requires that such students complete and sign a waiver form provided by the institution that includes detailed information about the diseases. The required information below includes the risk factors and dangers of each disease as well as information on the availability and effectiveness of the respective vaccines for persons who are at-risk for the diseases. The information concerning these diseases is from the Centers for Disease Control and the American College Health Association. **The law does not require that students receive vaccination for enrollment. Furthermore, the institution is not required by law to provide vaccination and/or reimbursement for the vaccine.**

A. Hepatitis B

Hepatitis B (HBV) is a serious viral infection of the liver that can lead to chronic liver disease, cirrhosis, liver cancer, liver failure, and even death. The disease is transmitted by blood and/or body fluids and many people will have no symptoms when they develop the disease. The primary risk factors for Hepatitis B are sexual activity and injecting drug use. This disease is completely preventable. Hepatitis B vaccine is available to all age groups to prevent Hepatitis B viral infection. A series of three (3) doses of vaccine are required for optimal protection. Missed doses may still be sought to complete the series if only one or two have been acquired. The HBV vaccine has a record of safety and is believed to confer lifelong immunity in most cases. MTSU Health Services offers the Hepatitis B vaccine.

_____ I hereby certify that I have read this information and I have received or plan to receive the complete three-dose series of the Hepatitis B vaccine.

_____ I hereby certify that I have read this information and I have elected not to receive the Hepatitis B vaccine.

Parent Signature (or Student if 18+)

Date

B. Meningococcal Meningitis

Meningococcal disease is a rare but potentially fatal bacterial infection, expressed as either meningitis (infection of the membranes surrounding the brain and spinal cord) or meningococcemia (bacteria in the blood). Meningococcal disease strikes about 3,000 Americans each year and is responsible for about 300 deaths annually. The disease is spread by airborne transmission, primarily by coughing. The disease can onset very quickly and without warning. Rapid intervention and treatment is required to avoid serious illness and/or death. There are five (5) different subtypes (called serogroups) of the bacterium that causes Meningococcal Meningitis. The current vaccine does not stimulate protective antibodies to Serogroup B, but it does protect against the most common strains of the disease, including Serogroups A, C, W, and W-135. The duration of the protection is approximately three to five years. The vaccine is very safe and adverse reactions are mild and infrequent, consisting primarily of redness and pain at the site of the vaccination, lasting up to two days.

The Advisory Committee on Immunization Practices (ACIP) of the U. S. Centers for Disease Control and Prevention (CDC) recommends that college freshmen (particularly those who live in dormitories or residence halls) be informed about meningococcal disease and the benefits of vaccination and those students who wish to reduce their risk for meningococcal disease be immunized. Other undergraduate students who wish to reduce the risk of meningococcal disease may also choose to be vaccinated. The meningitis shot is available at MTSU Health Services.

_____ I hereby certify that I have read this information and I have received or plan to receive the complete three-dose series of the vaccine for Meningococcal Meningitis.

_____ I hereby certify that I have read this information and I have elected not to receive the vaccine for Meningococcal Meningitis.

Parent Signature (or Student if 18+)

Date