Dual Enrollment Agreement Form

We the undersigned acknowledge and agree that:

- The commencement of post-secondary education is very important for any student.
- The courses attempted and grades obtained in post-secondary courses are permanent records on the student’s university transcript.
- The courses offered by Carson-Newman University are designed to be taught to and taken by students aged 18 and above.
- The courses are all offered on-site and involve travel to and from our Jefferson City, TN campus.
- Carson-Newman is a Christian Liberal Arts University affiliated with the Tennessee Baptist Convention, and Carson-Newman courses and activities reflect that description and affiliation.
- Carson-Newman catalog policies concerning refund and withdrawal dates apply to Dual Enrollment students.
- The student and/or parents of the student promise to pay to the order of Carson-Newman University on or before the end of the first month of each academic term the unpaid balance of the student’s account, as adjusted for any subsequent charges or credits. Interest will accrue at 18% annum on any unpaid balance not funded by the end of the first month of the academic term through the Financial Aid Office or not funded this semester through third parties. If this note is placed in the hands of an attorney or collection agency, the parents of the herein-named student agree to pay all costs of collection or related litigation. Until this note is paid in full, the parents of the herein-named student acknowledge that this student will not be eligible to register for classes in the future, nor will they have a transcript of their academic record released by the C-N Registrar’s Office.
- The Carson-Newman Registrar’s office has permission to mail a copy of the student’s transcript to the high school counselor at the end of each academic term of Carson-Newman dual enrollment, and the Registrar’s Office has the right to discuss any academic progress with the high school, regardless of the age of the student.
- This document serves as a counselor recommendation for the herein-named student to participate in C-N dual enrollment.

Signatories

________________________________________________________________________
High School Student, Date

________________________________________________________________________
Parent of High School Student, Date

________________________________________________________________________
High School Counselor, High School, Date