

High School Dual Enrollment

**Parental Consent Form**

**iDRAW Cohort 2020-2021**

As the parent (or legal guardian) of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I consent to his/her enrollment as a student at University of Detroit Mercy and participation in the iDRAW program. In addition to such consent, I hereby acknowledge and accept the following conditions of enrollment:

1. My student will be enrolled in courses which will be conducted at a university level appropriate for adult students with academic rigor and expectations appropriate for the instructional level (e.g., 1000, 2000, 3000, etc.).
2. My student will maintain a GPA at their home high school in order to participate in the iDRAW Dual Enrollment program. For sophomores entering the program that GPA is a 2.5. For Juniors and Seniors that GPA is a 2.0.
3. My student will be awarded college credits (maximum of 2.0 for a year of coursework) from the University of Detroit Mercy, a nationally accredited university, with a grade D or better in the course. If your student choses to transfer, I understand that I am subject to the transfer rules of that institution, and transfer credits cannot be used in conjunction with any other credit sources such as AP or IB for the same course.
4. My student will be subject to the rules, regulations, and policies of the University and home school.

I, the above signed, authorize the University of Detroit Mercy to release records and information relating to grades, course performance, disciplinary proceedings, tuition and fees, schedules, and financial aid for the purpose of monitoring educational progress to:

(Name of High School)

THIS INFORMATION IS RELEASED SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF THE FAMILY EDUCATION RIGHT PRIVACY ACT (FERPA) AND OTHER APPROPRIATE STATE AND FEDERAL LAWS AND REGULATIONS WHICH PROHIBIT DISCLOSURE OF EDUCATIONAL INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED.

Parent (or legal guardian) Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent (or legal guardian) Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_