



Boyce College High School Dual Enrollment Parental Consent Form

Instructions:

This form should be completed and uploaded to your Dual Enrollment application. If you have already submitted your application this form can be emailed to boyceadmissions@sbts.edu.

Students who desire to attend Boyce College as a full-time, degree-seeking student in a future semester will be required to complete the full Boyce College application for admission.

- 1) Eligibility:** All applicants must be at least 15 years of age and any applicant under 18 years of age must have a parent or legal guardian complete this form to give consent for the student to receive college credit for any course.
- 2) Credit Transfer:** For students intending to transfer to Boyce coursework to other institutions, the student is responsible for assuring that credit for classes taken at Boyce will be accepted as transfer credit by those institutions.
- 3) Contact Information:** Should you require additional assistance, admissions counselors are available to assist you Monday-Friday, 8:30 am-4:30 pm Eastern Standard Time.

Boyce College Office of Admissions
Phone | (502) 897-4201 Fax | (502) 897-4723
Email | boyceadmissions@sbts.edu
2825 Lexington Road, Louisville, KY 40206

STUDENT INFORMATION

Student full name _____
Last First Middle Preferred Name
Date of Birth _____

HIGH SCHOOL INFORMATION

High School Name _____
High School Counselor Name _____
High School Address _____
Street Number City State Zip Country (if other than US)
High School Phone (_____) _____ Anticipated Graduation Date _____
Year

PARENT/LEGAL GUARDIAN INFORMATION

Full Name _____
Last First
Phone _____ Email _____

By signing this form, I give my consent for the student mentioned above to take a course offered by Boyce College and to provide the tuition payment.

Parent Signature _____ Date _____