

Dual Enrollment Permit to Register www.tstc.edu

Last Name	First Name	M.I.
Date of Birth	TSTC ID# or SS#	
T0T0 0	Occurs a Normalian	OFFICE USE ONLY:
TSTC Course 1.	Course Number	Course Section
2.		
3.		
4.		
counselor, principal, or CTE Director. By signing below, I acknowledge that I will follow educational records with my high school administr Student Signature:	rators or designee.	es while enrolled at TSTC and consent to sharing of my Date:
By signing below, I acknowledge that the student	is eligible to participate in the pro	gram.
TSTC Official:		Date:
Signature	Title	
	Office Use Only:	
Enrolling in courses at a(n):		Enrolling Year
O Off-Site Campus/ Online O TSTC Campu	us 	O Fall O Spring
	Grade Level at time of 1 st day	of class

Equal opportunity shall be afforded within the Texas. State Technical College. System to all employees and applicants for admission or employment regardless of race, color, gendring religion, national origin, age or disability. TSTC with make reasonable accommodations for persons with disabilities. Texas. State Technical College. System us accordited by the Commission on Colleges of the Southern Association of Original Schools (1866 Southern Lanc Decatur Georgia 30033-4097, Telephone. 404 79-45011 to award Associate of Applied Science degrees and Certificates of Completion.