



Dual Enrollment Student/Parent Release

I grant Coppin State University permission to release/copy all materials contained in my Coppin State University Dual Enrollment file to my high school of record. This includes the application, transcript(s), references, test scores, and all other relevant documents. I understand that these materials will be used to reflect credits earned at Coppin State University to be used toward graduation from my high school of record. I hereby certify that Coppin State University is the only institution I am applying to, for this term, to participate in the dual enrollment program.

Student Name:

Student Email Address:

Cell Phone#:

Home Phone#:

Signature of Student: _____ Date _____

I hereby give my approval for my son/daughter to apply to the Dual Enrollment Program at Coppin State University and, if accepted, to enroll in said program. We have fully discussed the benefits and requirements of Dual Enrollment with the appropriate guidance counselor(s) and further understand that any variation from said requirements could jeopardize the above-named student's high school graduation.

Parent/Guardian Email Address: «ParentGuardian_Email_Address»

Cell Phone#:

Home Phone#:

Signature of Parent/Guardian: _____ Date: _____

The completed form can be emailed or mailed to Coppin State University - Dual Enrollment Program Coordinator or email at dualenrollment@coppin.edu or mail to the following address.

Coppin State University

Dual Enrollment Program

Miles Conner Administration Building – Room 130

2500 West North Avenue

Baltimore, Maryland 212216