

Parent/Guardian Approval For m

Fall 23

# Parent/Guardian High School

# Student Semester

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# Student birthdate Dual Enrollment or Early Middle College

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| I understand that my student will be taking college-level courses and will be expected to meet the same requirements as college students, including attending class whenever LSSU is in session, turning in work on time, and spending 6-9 hours per week (per class) on coursework outside of class. |  |
| I understand that the grade/s my student earns in their course/s will go on their permanent college transcript. |  |
| I understand that I may be responsible for reimbursing my student's high school for courses that my student does not complete or pass. |  |
| I understand that it is my student's responsibility to keep track of course grades and to reach out to their high school counselor, the Director of the Constituent Relations, or both if they are struggling. |  |
| I understand that, per federal and state law, LSSU faculty and the Director of Constituent Relations cannot communicate information about my student directly to me unless my student completes a FERPA waiver. Information and updates will be shared with the high school and they can communicate directly with me. |  |
| I give permission for my student to take courses through Lake Superior State University during the Fall 23 semester |  |

I certify that I am a parent or guardian of the student indicated on this form and have the authority to give permission for them to take courses through Lake Superior State University (write your full name below to confirm).

Parent/Guardian Electronic Signature Date

Please return to Hillary Jeffreys, Director of Constituent Relations at Lake Superior State University via email: [hjeffreys@lssu.edu](mailto:hjeffreys@lssu.edu), or to your child’s high school counselor. This form must be signed and return prior to the start of each semester.