# Valley Christian Dual Credit Program POLICY Agreement

Dual credit registration will not be completed without this form signed. Please submit to your teacher by due date.

| Student Last Name:<br>VCHS Student Number: | Student First Name |                              |     |
|--|--------------------|------------------------------|-----|
| VCHS Course:                               | Teacher:           | Period:(e.g. 1A,<br>per: N/A | 2B) |

Check that you read the policies (you and you parents)

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- Once enrolled at the VCHS partnering college and dual credit courses, students must adhere to the colleges' policies. College policies, such as add/drop and W/F (Withdraw/Fail) deadlines, are non-negotiable and cannot be modified by VCHS. Note that VCHS maintains its own policies, which applies to VCHS-specific courses, records, practices, and transcripts.
- When withdrawing from dual credit course, students must inform both the **teacher** and the **HS office** (email <u>dualcredit@vcs.net</u>) their decision. The VCHS office will submit a withdrawal form to the college for the student. Failure to communicate with your teacher could result in a **W/F grade** on the college transcript.
- Note that students may choose to withdraw from dual credit but remain enrolled in the VCHS course.
- Students taking dual credit courses are required to take the final exam, irrespective of their grade in the course or other VCHS policies.
- For yearlong classes, the student's first and second-semester number grades are <u>averaged</u> for their final grade. <u>Students' AP scores will NOT affect their dual credit grades</u>. Once the student's grade is sent to the colleges, the college transcript is kept permanently and VCHS cannot change it.

# □ KEEPING RECORDS

- IMPORTANT! VCHS cannot maintain your dual credit college records or obtain transcripts for you.
- It is the student's responsibility to keep all their dual credit records. They are advised to keep a record of the following information for at least 8 years. Most of the info is in your course syllabus.

| • | VCHS course name     | • | Year course was taken     | • | College Course Name   |
|---|----------------------|---|---------------------------|---|-----------------------|
| • | Teacher name         | • | Name of college           | • | College course number |
| • | Copy of the syllabus | • | College student ID number |   |                       |
|   |                      |   |                           |   |                       |

• VCHS strongly recommends that students order an unofficial transcript 4-6 weeks after the completion of the course to verify its accuracy. It is the student's responsibility to ensure their academic record is accurate.

## □ COLLEGE APPLICATION

- Students must inform their VCHS academic counselor of their completed dual credit courses when applying to colleges.
- The student is responsible for sending the final transcript to the attending college to verify what was reported on the college application. Partner colleges do not automatically send out transcripts to the attending college and transcripts must be ordered by the student through the online college system. \*\*\*Failure to do this could result in a college rescinding its admissions offer.
- VCHS does not guarantee that the college credits will transfer to the student's college of choice. \*\*\*It is your responsibility to confirm how your college of choice will handle dual credit.

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• Your VCS Parent Portal Account will be billed course fees in November and the payment will be due on 12/1/2024. Fee agreements are final as of the student's enrollment. Failure to make the full payment will affect students' graduation status or VCHS re-enrollment in the next year. Once the student is officially enrolled in the Dual Credit course(s), VCHS will not issue refunds after the withdrawal deadline has passed.

| I read the program policies and have chosen to enroll in the dual credit program for this class. |       |  |  |  |  |
|--|-------|--|--|--|--|
| Student Signature:   | Date: |  |  |  |  |
| Parent Signature:  | Date: |  |  |  |  |