



Advanced College Credit Program
(ACCP)

Approval for Dual Credit Course

(Student name)

Has my permission to enroll in the Rockhurst University Dual Credit Course

(Name of course(s))

I understand that this is a college course and therefore requires my student to academically work at the college level. Based on the student's unweighted cumulative GPA or 10th grade level and the Missouri Coordinating Board of Higher Education, I am required to give permission for my student to enroll by signing on the line below.

(Parent or Legal Guardian)

(Date)

Additionally, the high school is approving the above named student for this course(s)

(Principal or counselor)

(Date)

Form to be submitted at registration or sent to:
ACCP Coordinator
Rockhurst University—VAN 215
1100 Rockhurst Road
Kansas City MO 64110

(Developed 10/15)