High School Dual Enrollment
Parental Consent Form

As the parent (or legal guardian) of ______________________________________________, I hereby consent to his/her enrollment as a student at the University of Detroit Mercy. In addition to such consent, I hereby acknowledge and accept the following conditions of enrollment:

1. My son/daughter will be enrolled in courses which will be conducted at a university level appropriate for adult students with academic rigor and expectations appropriate for the instructional level (e.g., 1000, 2000, 3000, etc.).

2. My son/daughter will be enrolled in courses for adult students which may, therefore, include sensitive topics and language and such topics and language will not be censored due to the presence of high school students in a course.

3. My son/daughter may be interacting with adult college students and the University is not responsible for these interactions.

4. My son/daughter will receive no special consideration because s/he is a high school student.

5. My son/daughter will be subject to the rules, regulations, and policies of the University.

6. The University and its employees, faculty, agents, students, and trustees shall not be responsible for the supervision and/or individual monitoring of my son/daughter while in attendance at the University.

Parent (or legal guardian) Signature _____________________________________ Date______________

Parent (or legal guardian) Email Address___________________________________________________

Relationship to Student________________________________________________________________

Student’s Name (print) ________________________________________________________________

I, the above signed, authorize the University of Detroit Mercy to release records and information relating to grades, course performance, disciplinary proceedings, tuition and fees, schedules, and financial aid for the purpose of monitoring educational progress to:

__________________________________________________________________________________

(Name of High School)

THIS INFORMATION IS RELEASED SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF THE FAMILY EDUCATION RIGHT PRIVACY ACT (FERPA) AND OTHER APPROPRIATE STATE AND FEDERAL LAWS AND REGULATIONS WHICH PROHIBIT DISCLOSURE OF EDUCATIONAL INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED.

Please return this form and other application materials to the Office of Admissions
4001 W. McNichols Road, Detroit, MI 48221 - Fax: 313-993-3326 - Office: 800-635-5020