

Dual/Concurrent Enrollment Guardian Permission Form

**Please print clearly*

Student's Name _____
LAST _____ FIRST _____ MI _____

Student's Date of Birth _____ / _____ / _____
MO DAY YEAR

High School Attending _____

I give permission for the student listed above to take a college-level course at UAB for academic credit during the term. I understand that I am responsible for paying the associated tuition and fees in full by the corresponding deadline. I acknowledge that I will be required to complete a new Guardian Permission Form if my child wishes to enroll at UAB in a future academic term.

Guardian's Signature _____

Guardian's Name (printed) _____
LAST _____ FIRST _____ MI _____

Date _____ / _____ / _____
MO DAY YEAR

Please submit this form to Enrollment Operations by email to dualenrollment@uab.edu. You may also mail the completed form to:

UAB Dual Enrollment
Box 99
1720 2nd Avenue South
Birmingham, AL 35294

UAB ENROLLMENT
OPERATIONS
Email Address:
dualenrollment@uab.edu

Mailing Address:
Box 99
1720 2nd Avenue South
Birmingham AL 35294