

## 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](mailto:dualenrollment@uab.edu). You may also mail the completed form to:

UAB Dual Enrollment  
 Box 99  
 1720 2<sup>nd</sup> Avenue South  
 Birmingham, AL 35294



**Email Address:**  
 dualenrollment@uab.edu

**Mailing Address:**  
 Box 99  
 1720 2<sup>nd</sup> Avenue South  
 Birmingham AL 35294