



Activation & Permission Form for New Jersey High School Students

All 3 signatures must be present to earn both high school and college credit for the course(s) on this form.

Submission Instructions:

- 1. Student/guardian completes Parts A & B 1-2.
2. Student/guardian forwards the form to the school district for completion of Part B 3.
3. School district official scans and submits the form to dual credit, at dualcredit@rowan.edu.

Part A: Biographical & Contact Information

Social Security Number: _____ Date of Birth: _____ (MM/DD/YYYY) Gender: ___M___F___ Choose not to report

1. Legal name _____
Last First Middle

2. Preferred first name _____ Other name(s) that may appear on student's academic records _____

3. Address _____
street number and name city state zip code
County _____ State of legal residence _____

4. Home phone number _____ Student and/or parent cell number _____

5. Student Email: _____ Parent/Guardian Email: _____
(Please write clearly. Personal email is required, as it is the form used to provide students with initial activation and registration information. The student's official Rowan University email account will be the primary source of contact between the University and the student thereafter.)

6. Please list below the name of your current high school and the grade (11 or 12) you will be in during current school year:

Name of current high school City State Grade

Part B: Signatures & Permissions (This form will not be processed without all 3 signatures.)

1. Signature Statement from Student for Activation & Registration

I agree that all information supplied is correct to the best of my knowledge. In addition, I understand that once registered I will be a non-matriculated, undergraduate student at Rowan University for the term (fall, spring, or summer) in question, and that I may not register for any other Rowan course(s) this term other than those outlined within this document according to my district's special agreement with Rowan University.

Course number and title CRN (Course Record Number) credits Term Module

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I understand that once registered for this course(s), a special discounted rate of \$150.00 per credit hour will be generated and assigned to my account. (Other than textbooks/required class materials, this will be the total cost.) It is my responsibility to pay the account myself or to ensure that any special payment arrangements have been made on my behalf. Any changes to my registration are my and my family's responsibility and must occur within official deadlines.

Student signature Date

2. Signature Statement from Parent/Guardian

Printed Name of Parent/Guardian: _____

By signing below, I verify the following statements: 1) I am the parent/legal guardian of the individual listed in the biographical section of this document, henceforth known as "the student." 2) I understand it is my ultimate responsibility to cover any and all costs associated with the course, including textbooks. 3) I will support the student's efforts to complete the course and associated administrative tasks successfully and by the appropriate deadlines.

Parent/guardian signature Date

3. Signature Statement from School Official

Printed Name & Title of School Official: _____

I am aware that the student listed in the biographical section of this document will be taking the above indicated course(s) at Rowan, and I support this decision.

School official signature Date

Note: Once a student has been activated and registered, the student will be sent a confirmation email which will include the Rowan ID and PIN (if applicable) along with other necessary information. Students must read this email and follow all instructions carefully. Questions? Contact Rowan Global Academic Affairs at 856-256- 5133 or dualcredit@rowan.edu.