



Opportunity Tuition Waiver Dual Credit Eligibility Form



To be completed by student:

Name: _____
Last First Middle Social Security #

Address: _____
Street or PO Box City State Zip Telephone #

To be completed by Director of Distance Learning:

The following student, _____ (student's name), has met all requirements required for dual credit enrollment, as follows:

_____ Completed his/her sophomore year of high school

_____ Approval of parents

_____ Approval of high school principal

_____ Completed all relevant Texas Success Initiative (TSI) requirements

Director of Distance Learning

Date