



**SIENA HEIGHTS UNIVERSITY
DUAL ENROLLMENT PARENT CONSENT FORM**

As the parent/legal guardian of: _____

Student Name (Please Print)

I consent to enrollment at Siena Heights University, Adrian Campus. I also acknowledge and accept the following conditions associated with this enrollment:

I understand my student agrees to follow the rules, regulations and policies set forth by Siena Heights University as stated in the *Saint's Guide* and the current Undergraduate Course Catalog.

I understand my student is expected to meet the same classroom expectations as any Siena Heights University student as stated in the course syllabi and outlines. Additionally, my student and I understand there may be exposure to discussions, readings and visual material of a mature nature.

I understand I am responsible for the cost of fees NOT covered by the high school and the cost of books and materials associated with this enrollment. (*Please contact high school for specific policies.*)

Parent/Legal Guardian Information:

Name (please print): _____

Email Address: _____

Street Address: _____

City, State, Zip: _____

Signature: _____ Date: _____

Please return to Siena Heights University with completed dual enrollment application.