

JACKSONVILLE STATE UNIVERSITY

Jump Start Dual Enrollment | COURSE SELECTION FORM

STUDENT NUMBER _____ NAME _____
LAST FIRST MIDDLE

PHONE NUMBER _____ SCHOOL _____

EMAIL _____

(CIRCLE ONE) FALL SPRING SUMMER 20__

CRN# (COURSE REGISTRATION NUMBER)	DEPT	COURSE NUMBER	SECTION	COURSE TITLE	CLASS HOURS & DAYS	INSTRUCTOR	CLASS LOCATION / ROOM & BLDG

I AFFIRM MY UNDERSTANDING OF THE FOLLOWING:

- REGISTRATION AND PAYMENT PROCEDURES OF JACKSONVILLE STATE UNIVERSITY.
- DROPPING COURSES THROUGH MYJSU IF I NEED TO DROP. I UNDERSTAND THAT IF I DROP A COURSE, I WILL BE SUBJECT TO A ONE SEMESTER SUSPENSION FROM THE DUAL ENROLLMENT PROGRAM. I ALSO UNDERSTAND THIS COULD POTENTIALLY AFFECT MY FINANCIAL AID WHEN I AM A FRESHMAN IN COLLEGE.
- I UNDERSTAND THAT I AM RESPONSIBLE FOR PAYING FOR THE COURSE(S) OR SETTING UP A PAYMENT PLAN BY THE PAYMENT DUE DATE LISTED ON THE OFFICIAL JSU ACADEMIC CALENDAR.
- I AFFIRM THAT I HAVE READ THE SUPPORTING OUR STUDENTS (SOS) MANUAL AND AWARE OF MY RIGHTS AND RESPONSIBILITIES.

 Student Signature Date

I AFFIRM MY UNDERSTANDING OF THE RIGHTS AND RESPONSIBILITIES OF MY STUDENT LISTED ABOVE.

 Parent/Guardian Signature Date

THE STUDENT QUALIFIES TO TAKE THE SELECTED COURSE(S) PER MY SIGNATURE OF APPROVAL:

 Counselor Signature Date