



**ASCENT**  
COLLEGE

**Early College Agreement Form for Students Only Seeking College Credit**

Student Name \_\_\_\_\_  
Last First Middle

Parent Agreement: Please fill out this form completely and email it to [apiehl@ascent.edu](mailto:apiehl@ascent.edu).

I, the parent or guardian of \_\_\_\_\_, after careful consideration, believe that it is in the best interest of my son/daughter to participate in Early College enrollment at Ascent College. I understand that tuition for the first course of the first term of enrollment is free. Each additional course taken as an early college student will be 50% off the tuition price. I also understand that my son/daughter may enroll for up to 3 credit hours per 8-week session, not to exceed 12 credit hours per academic year as an Early College student.

Parent/Legal Guardian Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Date \_\_\_\_\_

**Parent Agreement:**

The above-named student has my permission to enroll in early college at Ascent College. This student is at least 16 years old, has a cumulative GPA of 3.0 or higher, and demonstrates good Christian character.

Term Enrolled: Fall A 20\_\_\_\_\_ Fall B 20\_\_\_\_\_ Spring A 20\_\_\_\_\_ Spring B 20\_\_\_\_\_

Course Title: \_\_\_\_\_

**Parent Approval:**

Signature \_\_\_\_\_ Print \_\_\_\_\_  
Date \_\_\_\_\_

\*\*Please note: This form must be completed each semester session of Early College.