

**EARLY COLLEGE AGREEMENT  
FORM FOR STUDENTS SEEKING  
COLLEGE CREDIT ONLY**



**Student Name:** \_\_\_\_\_  
*Last First Middle*

**Parental Agreement:** Please complete this form 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 three (3) credit hours per eight-week session, not to exceed twelve (12) credit hours per academic year as an Early College student unless approved by their academic advisor.

\_\_\_\_\_  
*Parent/Legal Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name*

**Parental Agreement:**

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

Academic School Year Enrolled: \_\_\_\_\_

**Parental Approval:**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name*