

TOPS – Dual Enrollment Participant Form

I understand that I must meet ALL of the following criteria to be considered an eligible recipient of TOPS Dual Enrollment.

- 1) The student must be enrolled full-time (twelve credit hours or more) between the two colleges participating in the dual enrollment program.
 - 2) In order to participate in the dual enrollment program the student must be enrolled in a degree program at the “degree granting school”. The “degree granting school” is defined as the college from which the student will receive his/her degree.
 - 3) The student may only receive dual enrollment credit for classes **that are not offered at the degree granting school** for that particular semester.
 - 4) The student must submit a copy of their class schedule to the TOPS counselor at **BOTH** colleges.
 - 5) The student is responsible for payment of ALL FEES (excluding tuition) upon registration for classes.
 - 6) TUITION only may be deferred by signing a financial aid deferment.
 - 7) If the student chooses to pay his/her entire balance in full, BPCC will issue a refund check in the amount of the TOPS Dual enrollment award, **AFTER** BPCC receives payment from TOPS.
- _____ I acknowledge that I have read and understood the guidelines as stated above to participate in the TOPS dual enrollment program.
 - _____ I understand that I **MUST SIGN A FINANCIAL AID DEFERMENT** during registration to protect my classes.
 - _____ I further understand and certify by my signature below that I am requesting that TOPS pay for the _____ term. I am responsible for payment of all fees and any tuition that is not covered by TOPS and will make payment of said fees before payment deadline or my classes **WILL BE DROPPED.**

Name (print)

Signature

SID

Date