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| **Statewide Dual Credit**  **Student Agreement** |

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| **Part I: Student Information** | | | | | | | | | | | | |
| Student’s Name: | | | |  |  | | | Student ID: | | |  | |
|  | | | | Last Name | First Name | |  | | | PowerSchool Number | | |
| School: | |  | | | Grade: | | | 9 10 11 12 | | | |  |
|  | |  | | |  | | |  | | | |  |
| **Parent’s/Legal Guardian’s Information** | | | | | | | | | | | | |
| Name: |  | | | | | Email Address: | | |  | | | |
| Cell Phone: | | |  | | | Work Phone: | | |  | | | |

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| SDC Course(s) | | |
| DC Agriculture Business | DC Plant Science | DC Speech & Communications |
| DC American History II | DC Pre-Calculus | DC Statistics |
| DC Criminal Justice | DC Psychology | DC World History |
| DC Intro to Business | DC Sociology |  |

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| By signing this agreement, I understand that the following conditions and requirements apply: | |
|  | I thoroughly understand the course description and expectations of a college-level course. |
|  | I understand that the SDC Challenge Exam is administered online at the end of each course and is REQUIRED. These exams are offered at no cost to the student. |
|  | I understand that my SDC teacher will add four percentage points to my quarter and semester exam grade (per SCS and state policy). These four percentage points are contingent upon my participation in the SDC Challenge Exam. |
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| **Part III: Course Credit Options** | |
|  | I understand that, in order to possibly receive college credit for taking the course(s) listed above, I must sit for the SDC Challenge Exam(s) at the end of the course on the designated or make-up exam days, and obtain a passing cut score in each course as determined by the Tennessee Department of Education (TDOE). |
|  | I understand that if I do not sit for and complete the SDC Challenge Exam provided by the TDOE by the end of the school year, any grade I receive in the above SDC course(s) will not be awarded the additional percentage points (4) or the GPA quality point (1) associated with taking the SDC course(s), as designated by the TDOE and I will not be able to receive college credit by the TDOE. |
|  | I understand that I may not retake the SDC Challenge Exam for college credit. |

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| I affirm I have read and understand this agreement, and I will abide by its conditions and requirements. | | | | |
| Student’s Signature: |  | | Date: |  |
| Parent’s/Legal Guardian’s Signature: | |  | Date: |  |