



### Dual Enrollment Agreement & FAFSA Waiver

**To Be Completed by the Student:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ TCL Student ID: \_\_\_\_\_  
High School: \_\_\_\_\_ Choose One:  First Time Dual Enrollment Student  
 Returning Dual Enrollment Student

I authorize to furnish \_\_\_\_\_ any and all information pertaining to my academic  
(name of High School)  
record while I am enrolled in the Technical College of the Lowcountry as an Dual Enrollment student. I hereby release the Technical College of the Lowcountry from any liability or damage that may result from furnishing the information requested. I affirm that I understand and will abide by all other rules and regulations of the enrollment at the Technical College of the Lowcountry. I have reviewed the TCL Academic Policies and Procedures that govern participation in classes at the Technical College of the Lowcountry.

**FAFSA Waiver:**

I request a waiver of the submission of the Free Application for Federal Student Aid (FAFSA) as it relates to the Lottery Tuition Assistance eligibility requirement for the following reason: I am a high school student enrolled in the Dual Enrollment program. By not submitting the FAFSA, I acknowledge that:

- I will not be eligible to receive other Title IV aid, which includes the Pell Grant, Federal Supplemental Educational Opportunity Grant, Perkins Loan, Stafford Loans, federal work study and the SC Need-based Grant. Also, I will not be able to participate in other loan programs offered by the South Carolina Student Loan Corporation or other state assistance programs that require the submission of the FAFSA. Further, I understand that neither the state of South Carolina nor the institution can be held liable for any amount of federal or state funds that I forego by signing this waiver.
- I do not owe a refund or repayment of a state grant, Pell Grant, or Supplemental Education Opportunity Grant, and I am not in default on a loan under the Federal Perkins Loan, Federal Stafford Loan, William D. Ford Federal Loan, or any state loans. I understand that the institution will verify this.
- (Male Students Only): I have registered with the Selective Service or I have been exempted from this requirement according to federal law. I understand that students who fail to register with the Selective Service (or fail to be exempt from that requirement) are not eligible to receive Lottery Tuition Assistance.
- The provided information is correct and if any of the information is false, I understand participation in the Lottery Tuition Assistance Program will be cancelled and reimbursement of Lottery Tuition Assistance funds will be required. Further, I understand that if I have attempted to obtain, (or have obtained Lottery Tuition Assistance through means of a willfully false statement or failure to reveal any material fact, condition, or circumstance affecting eligibility), I can be subject to the college/university’s code of student conduct and applicable civil or criminal penalties.
- In order to receive Lottery Tuition assistance, you must be a U.S. citizen or a permanent resident that meets the definition of an eligible non-citizen. Students that are considered to have “legal presence” under the “Deferred Action for Childhood Arrivals” also known as DACA, do not qualify for Lottery tuition assistance funds.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To Be Completed by the Parent/Guardian:**

I hereby grant approval for my dependent \_\_\_\_\_ to enroll in Technical College of the Lowcountry courses as a Dual Enrollment student while still enrolled in high school. I accept responsibility for personal matters such as transportation, insurance coverage, and financial arrangements. I acknowledge that I understand TCL’s refund policies and I will be held responsible for payment of tuition and fees incurred as a result of withdrawal.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To Be Completed by the High School Guidance Counselor:**

\_\_\_\_\_ has the approval of our high school to enroll in Dual Enrollment.

(First Name) (Last Name)

HS Guidance Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_