

**Marquette University Explorer Dual Enrollment Program
Parent Consent Form**

Student's First Name: _____ **Student's Last Name:** _____

Student's Date of Birth: _____

High School: _____

Starting Academic Term (e.g. Spring 2027, Fall 2027): _____

By signing below, I acknowledge and agree to the following:

- I am the parent or legal guardian of the student named above and authorize the student's enrollment in the Marquette University Explorer Dual Enrollment Program beginning with the academic term stated above and continuing in future academic terms in which the student participates in the Explorer program, until the student graduates from high school or this authorization is revoked in writing.
- I understand that tuition for Explorer Dual Enrollment courses is \$133 per credit.
- I understand that for each academic term in which the student participates in the Explorer Dual Enrollment Program, tuition is not paid directly to Marquette University. Tuition will be billed and collected by the student's participating high school in accordance with the high school's established payment policies and procedures.
- I agree to be financially responsible for tuition associated with the student's enrollment in the Explorer Dual Enrollment Program unless the tuition is fully covered by a scholarship or another approved funding source.
- I understand that if the student withdraws from a course after applicable withdrawal or refund deadlines established by Marquette University or the participating high school, tuition charges may remain due and payable.
- I understand that failure to meet applicable tuition payment obligations may affect the student's continued participation in the Explorer Dual Enrollment Program.
- I acknowledge that I am responsible for reviewing and complying with applicable Explorer Dual Enrollment Program policies, including registration, withdrawal, refund, and payment policies.
- I acknowledge that participation in dual enrollment courses creates a Marquette University student record that is subject to applicable federal privacy laws and university policies.
- I certify that I have read and understand this Parent Consent Form and agree to its terms.

Parent/Legal Guardian Information

Printed Name: _____

Relationship to Student: _____

Signature: _____

Date: _____