
UAB Office of Undergraduate Admissions
Dual/Concurrent Enrollment Parent Permission Form

| | | | |
|--------------------------------|----------------|-------|-------|
| Student's Name | _____ | _____ | _____ |
| | LAST | FIRST | MI |
| Student's Date of Birth | ____/____/____ | | |
| | MO DAY YEAR | | |
| High School Attending | _____ | | |

I give permission for my child to take a college-level course at UAB for academic credit during the term. I understand that I am responsible for paying the associated tuition and fees in full by the corresponding deadline. I acknowledge that I will be required to complete a new *Parent Permission Form* if my child wishes to enroll at UAB in a future academic term.

Parent's Signature _____

Parent's Name (please print) _____

LAST FIRST MI

Date ____/____/____

MO DAY YEAR

Please submit this form to Undergraduate Admissions via one of the following options:

E-mail: chooseuab@uab.edu

Fax: 205.975.7114

Mailing Address: Box 99, 1720 2nd Ave. S., Birmingham, AL 35294-4600

Physical Address: 1701 Building, 1701 11th Ave. S., Birmingham, AL 35294-4412
