



# Concurrent University Enrollment Program 2023-2024 Consent Form

University of Bridgeport’s Concurrent University Enrollment (CUE) program allows high school students to earn both high school and college credit for each approved course taken at their school. To participate, you must submit this form to your teacher **BEFORE** you submit an [on-line application](#).

**PROGRAM FEES:** Fall 2023/spring 2024 - \$50 **per** credit. Some courses are 3 credit or 4 credit, so the total fee will either be \$150 or \$200 depending on the course taken. Fees are waived if you qualify for free/reduced lunch. Otherwise, payment can be made online at [www.bridgeport.edu/deposit](http://www.bridgeport.edu/deposit). Payment must be made by November 3, 2023 (for fall '23 courses) or March 1, 2024 (for spring '24 courses). **NOTE: The transcript fee cannot be waived.**

The fee is \$10 for each transcript ordered at [www.bridgeport.edu/academics/registrar](http://www.bridgeport.edu/academics/registrar).

## FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) AND PARENT/GUARDIAN ACCESS

Under FERPA, CUE student educational records will be kept confidential and will be disclosed only with a student’s consent. University of Bridgeport can only discuss fee bills with students or FERPA Designees. A parent/ guardian must be designated as an authorized user for e-mail notification of a fee bill or be a delegate to access certain portions of a student’s educational records\*.

Student Legal Last Name: \_\_\_\_\_ *PRINT CLEARLY*

Student Legal First Name: \_\_\_\_\_ *PRINT CLEARLY*

High School (where CUE course is offered): \_\_\_\_\_

## CONSENTS/AUTHORIZATIONS *(ALL SIGNATURES ARE REQUIRED IN BLUE OR BLACK INK ONLY)*

**Student:** My signature below indicates that all the information contained in this enrollment form is complete and correct. I am aware that any falsification in the completion of this enrollment form, either by error or omission, may result in my being denied enrollment by UB or may result in disciplinary action. By providing my signature, I grant UB permission to obtain my official transcript from my high school as well as verify my qualification for free and/or reduced priced meals.

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

**Parent/Guardian:** I have read and understand this consent form. I acknowledge that my student is participating in UB’s CUE program and is financially responsible for all program fees incurred. UB may contact my student’s high school and/or district to verify his/her fee waiver eligibility and to request a transcript, if applicable.

PRINT First & Last Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**High School Teacher:** I confirm the above student is approved to register for UB’s CUE program. Once students have submitted their applications, I (or the school counselor) will work with UB to provide the appropriate documentation to confirm the student’s eligibility for free/ reduced lunch at our high school, if applicable.

Teacher Signature: \_\_\_\_\_

## CONCURRENT UNIVERSITY ENROLLMENT COURSES

UB Course Name	Term			CUE HS Teacher Full Name
	<input type="checkbox"/> FA '23 only	<input type="checkbox"/> SP '24 only	<input type="checkbox"/> FA '23 & SP '24	
	<input type="checkbox"/> FA '23 only	<input type="checkbox"/> SP '24 only	<input type="checkbox"/> FA '23 & SP '24	