



Dual Credit Refusal Form

Office of Curriculum and Instructional Programs
MONTGOMERY COUNTY PUBLIC SCHOOLS
850 Hungerford Drive, Rockville, Maryland 20850

MCPS Form 280-93
January 2018

Students receive high school credit for any college course(s) successfully completed (see [MCPS Regulation ISB-RA, High School Graduation Requirements](#)). The credit is reflected on the high school transcript, allowing students to earn more advanced level credits which can positively impact the weighted grade point average (WGPA), and assist in meeting high school credits needed for graduation. The credit posting to the high school transcript will be automatic if the course is taken at Montgomery College. All other posting will go through the high school registrar once the student submits the college/university official transcript. If students **do not** wish to receive high school credit for the college courses, students must complete Parts I, II, and III below before returning this form to the school's Dual Enrollment Program Assistant (DEPA). Otherwise, students only need to complete Part I, initial at the bottom of the page and return the form to the counselor. All decisions related to dual credit must be made during the course scheduling process. Decisions are final and will be based on the completed section below.

PART I: STUDENT INFORMATION

Student Name _____ MCPS 6 Digit ID Number _____
High School _____ Grade _____
School Year _____ Semester (Check One): ☐ Fall ☐ Winter ☐ Spring

PART II: AUTHORIZATION

By signing below, we choose not to accept dual credit (high school and college credit) for the college courses listed below. We understand that by refusing to allow dual credit, the college courses completed this year will not appear on the high school transcript and will not be counted for advanced level credit within the student's GPA, nor toward high school graduation requirements. We further understand that changes cannot be made once the form is signed and submitted.

We discussed this option with the student's counselor on ____/____/____.

#	List only the College Courses for which the student DOES NOT want dual credit in this section.	Dual Credit	Student Initials	Counselor Initials
1		<input type="checkbox"/> No		
2		<input type="checkbox"/> No		
3		<input type="checkbox"/> No		
4		<input type="checkbox"/> No		
5		<input type="checkbox"/> No		

PART III: SIGNATURES (This section only needs to be completed if students are opting out of dual credit for courses listed above, otherwise student and counselor initial below.)

Student Signature _____ Date ____/____/____
Parent/Guardian Signature _____ Date ____/____/____
Printed Name of Counselor _____
Counselor Signature _____ Date ____/____/____
Printed Name of DEPA _____
DEPA Signature _____ Date ____/____/____
Printed Name of Principal _____
Principal Signature _____ Date ____/____/____

OR

_____/_____
(Student/Counselor Initials) Information has been discussed. The student listed above will not opt out of this dual credit opportunity.
(Counselors should return the completed form to the DEPA)

DEPA DIRECTIONS: Log into your MCPS Google account and view the directions at <https://tinyurl.com/MCPS-DC-Refusal>.