



SOUTHWEST
TEXAS COLLEGE

Dual Enrollment Monitor

Remote & Online Classes

High School: _____ Semester: ☐ Fall ☐ Spring ☐ SSI ☐ SSII Year: _____

Name (Full Legal Name): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell/Home Phone Number: _____ Work Phone Number: _____

Email: _____

Please read and initial by each statement acknowledging consent of the following rules and regulations upon becoming a Monitor:

_____ I understand that as a Monitor I cannot monitor courses if I am registered for the same class
Agree

_____ I understand that disclosing grades with anyone other than the student and Principal/High School Official is a direct violation of the Family Educational Rights and Privacy Act (FERPA) a U.S. Federal Law.
Agree

_____ I understand it will be my responsibility to monitor the course exams and/or quizzes. As a Monitor I can ask the students to keep quiet if they are distracting other students. I will also maintain an effective learning environment for students while in class. If unable to control the class I will contact my supervisor and notify the instructor immediately.
Agree

Monitor Signature: _____ Date: _____

The portion below should be completely filled out by a Principal/High School Official.

Course(s) to be monitored:

Course Name: _____ Section: _____ Instructor: _____

Course Name: _____ Section: _____ Instructor: _____

Course Name: _____ Section: _____ Instructor: _____

Course Name: _____ Section: _____ Instructor: _____

Course Name: _____ Section: _____ Instructor: _____

I understand that disclosing grades with anyone other than the student and Principal/High School Official is a direct violation of the Family Educational Rights and Privacy Act (FERPA) a U.S. Federal Law.

Principal/High School Official Name (Print): _____

Principal/High School Official Signature: _____ Date: _____