

Date Processed: \_\_\_\_\_\_
Processed by: \_\_\_\_\_\_

## DUAL ENROLLMENT APPLICATION (TO BE COMPLETED BY THE STUDENT)

Legal Name: Last	First		Middle	
Social Security Number:	Date of Birth:	Teleph	none Number:	
Street Address:				
City:		State:	Zip Code:	
Name of High School: Email:				
Term: Fall Spring Sur	mmer Year	Current Grade Level: 10 <sup>th</sup> 11 <sup>th</sup> 12 <sup>th</sup>		
I, the student, understand the course(s) I am enrolling in is/are a college level class, and that the grade earned will appear on my permanent college transcript. I authorize				
College Course Number & Section	Course Name	High School Course Equivalent	Unit(s)	
		-		
Student Agreement:  I have read, understand and agree to the above statements and authorize (High School)  to release my grades/transcripts to the college named above.				
Student Signature	Printed Name		Date	
I, the parent/legal guardian of this student, grant permission for my son/daughter to enroll in the course(s) listed. I understand the unique character and rigorous requirements of the course(s). I authorize High School to release my child's grades/transcripts to the college and to enroll my son/daughter into the course(s).				
Parent/Guardian Signature	Printed Name	e	Date	
PRINCIPAL/SUPERINTENDENT CONSENT				
The above student is authorized and recommended to enroll in the course(s) listed for the term noted. By signing the consent form I/designee have assessed the student's preparedness to undertake college level studies in this subject and are recommending the student for attendance in the Dual Enrollment/Dual Credit program.				

**Printed Name** 

**Date** 

**Principal/Superintendent Signature**