Trenholm State COMMUNITY COLLEGE

FOR OFFICE USE ONLY
Date Processed: _____
Processed by: _____

Dual Enrollment High School Authorization Form
(TO BE COMPLETED BY THE STUDENT)

Legal Name: Last	First	Middle
Social Security Number:	**Date of Birth:**	**Telephone Number:**
Street Address:		
City:	**State:**	**Zip Code:**
Name of High School:	**Email:**	

Term: Fall Spring Summer Year _____ **Current Grade Level:** 10th 11th 12th

ENROLLMENT AUTHORIZATION

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 to enroll me in the course(s) listed below.

College Course Number & Section	Course Name	High School Equivalent Course	Semester

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**

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.

_____ _____ _____

Principal/Superintendent Signature **Printed Name** **Date**