



FOR OFFICE USE ONLY
Program of Study: _____
Student A#: _____
Date Processed: _____
Returning Student: _____
New Student: _____

Dual Enrollment High School Authorization Form

Legal Name: Last	First	Middle
Social Security Number (Last Four Digits):	Date of Birth:	Telephone Number:
Email:	Street Address:	City: State: Zip Code:
Name of High School:		
Current Grade Level: 10 th 11 th 12 th	Anticipated Graduation Date: _____	
Class Format Preferred: Online: ___ In-person: ___ No Preference: ___		

COURSE SELECTIONS

College Course Prefix, Number & CRN	TSCC Course Name	High School Equivalent Course	Semester

I understand the course(s) I enroll in is/are college level course(s) and that the grade earned will be on my permanent college transcript. I authorize _____ (High School Name) to release my grades/transcripts to Trenholm State Community College to be enrolled in the course(s) listed above for the _____ term. (Example: Fall 2023)

(Semester) (Year)

Student Signature	Printed Name	Date
Parent/Legal Guardian Signature	Printed Name	Date

PRINCIPAL/SUPERINTENDENT CONSENT

The above student is authorized to enroll in the course(s) listed above for the academic term specified. I have assessed the student's readiness for college coursework and recommend him/her for participation in the Dual Enrollment/Dual Credit program. (The school counselor may be authorized to sign this form in the absence of the principal/superintendent.)

Principal/Superintendent Signature	Printed Name	Date
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MPS District ONLY: Will this student utilize the MPS scholarship to pay for tuition?
Yes: ___ No: ___ (If 'Yes', please attach required forms)

Registration for dual enrollment at Trenholm State Community College is contingent upon meeting college admission requirements, timely receipt of the signed authorization form, and class availability. Students are eligible to participate in the Dual Enrollment program for up to three (3) years or until their graduation date (whichever comes first).