

Dual Enrollment High School Authorization Form

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

Legal Name: Last	First		Middle		
Social Security Number (<u>Last</u> Four Digits):	Date of Birth:		Telephone Number:		
Email:	Street Address:	City:	State:	Zip Code:	
Name of High School:	I				
Current Grade Level: 10 th 11 th 12 ^t	12th Anticipated Graduation Date:				
Class Format Preferred: Online: In	-person: No Pr	eference:			
	COURSE SI	ELECTIONS			
College Course Prefix, TSCC Number & CRN	Course Name	High School Equivalent Course		Semester	
I understand the course(s) I enroll in is/a college transcript. I authorizetranscripts to Trenholm State Communi	-	(Hi	igh School Nan	ne) to release my grades/	
(Semester) (Year)					
Student Signature	Printed Name			Pate	
Parent/Legal Guardian Signature	Printed Nan	ne		Date	
Parents in MPS District ONLY: Will your stu Yes: NO: (If 'Yes', please attach required		S scholarship to cov	er tuition?		
PRIN	CIPAL/SUPERIN	NTENDENT COM	NSENT		
The above student is authorized to enroll is student's readiness for college coursework program. (The school counselor may be at	k and recommend	him/her for partic	ipation in the D	Dual Enrollment/Dual Credit	
Principal/Superintendent Signature	endent Signature Printed Nam		Date	·	

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).