



DUAL ENROLLMENT APPLICATION – Fall 2019
High School Academic Standing (check one) - Junior Senior

STUDENT NAME	
ENROLLMENT DATE	
SOCIAL SECURITY NUMBER	
DATE OF BIRTH	
STREET ADDRESS CITY, STATE, AND ZIP	
PARENT/GUARDIAN'S NAME(S)	
PHONE NUMBER	
EMAIL ADDRESS	
GRADE POINT AVERAGE/ATTENDANCE RATE	(Transcript Required from Counselor)
HIGH SCHOOL STUDENT ID	
PAINE STUDENT ID	
GRADUATION YEAR:	
CREDIT ACCUMULATION (Please check all that apply)	<input type="checkbox"/> COLLEGE CREDIT ONLY <input type="checkbox"/> HIGH SCHOOL AND COLLEGE CREDIT <input type="checkbox"/> CREDIT FOR HIGH SCHOOL GRADUATION

Eligibility: 2.5 GPA and 90% Attendance

I request consideration to enroll in the DUAL ENROLLMENT Program at Paine College. All information contained in my application is complete, factually correct, and honestly presented. My parent(s) or guardian grants permission for me to enroll at Paine College.

I understand that I will be held to college-level standards and that I must successfully complete the course with a grade of "C" or higher in order to participate in future DUAL ENROLLMENT classes. I understand that my student ID, attendance, grades (mid-term and final), test scores (ACT and/or COMPASS) will be shared between my high school and Paine College.

Student's Signature: _____ Date: _____

Parent's/Guardian's Signature: _____ Date: _____

Guidance Counselor Recommendation

This student is recommended for enrollment in college credit classes while concurrently enrolled in high school.

A copy of the student's transcript is attached.

High School Counselor's Name (Please Print)

High School Counselor's Signature

Name of High School

School Phone Number

Date