



DUAL ENROLLMENT APPLICATION/PERMISSION FORM

STUDENT NAME	
STREET ADDRESS, CITY, STATE, AND ZIP	
PARENT/GUARDIAN'S NAME(S)	
PHONE NUMBER	
EMAIL ADDRESS	
GRADE POINT AVERAGE/ATTENDANCE RATE	
HIGH SCHOOL STUDENT ID	
PAINE STUDENT ID	
GRADUATION YEAR:	ACADEMIC STANDING <i>(Please check one)</i> <input type="checkbox"/> SOPHOMORE <input type="checkbox"/> JUNIOR <input type="checkbox"/> SENIOR
CREDIT ACCUMULATION <i>(Please check all that apply)</i>	<input type="checkbox"/> COLLEGE CREDIT ONLY <input type="checkbox"/> HIGH SCHOOL AND COLLEGE CREDIT <input type="checkbox"/> CREDIT FOR HIGH SCHOOL GRADUATION

Eligibility: 2.0 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.

Students with previous balances or debts with Paine College must pay them in full before enrolling in Dual Enrollment courses. Students can only enroll in one course per semester.

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 the high school. I understand that this student requires a letter of recommendation if he/she doesn't meet the eligibility requirements of a 2.0 GPA and 90% attendance rate.

- This student is approved to take a Dual Enrollment course during the school day between the hours of ____ am/pm and ____ am/pm.
- This student is only approved to take a Dual Enrollment course after school and/or weekends

 High School Counselor's Name (Please Print)

 High School Counselor's Signature

 Name of High School

 School Phone Number

 Date