

Application for Dual Enrollment (DE) or Dual Enrollment /Dual Credit (DE/DC)

Name of Student _____ Date _____

High School _____ Grade _____

Request for _____ Dual Enrollment _____ Dual Enrollment/Dual Credit (DE/DC)

Name of Course (s) Requested _____ Request for Semester – Year _____

Name of Post-Secondary School _____

Grade point average _____ Number of HS credits to date _____

ACT Composite _____ SAT Composite _____

Indicate when (how many periods/what part of school day) Student would be away from the ChHS campus to participate in DE or DE/DC _____

- Students participating in DE or DE/DC courses are required to adhere to Shelby Co. Board of Ed. – Student Code of Conduct/ Attendance and Board Policy - re: DE/DC.
- Students participating in DE or DE/DC courses are required to follow college procedures and complete required college forms.
- Cost of tuition, fees, books, transportation are the responsibility of the student.

Student signature indicates student is aware of and in compliance with the Shelby County Board of Education requirements for Dual Enrollment and/or Dual Enrollment/Dual Credit.	
_____	_____
Student Name	Date
Parent Signature indicates that parent is aware of Shelby County Board of Education guidelines for Dual Enrollment and/or Dual Enrollment/Dual Credit, including:	
<ul style="list-style-type: none">• Accepting responsibility/liability for transportation to and from the college campus• Accepting responsibility for tuition, fees, cost of books and other needed expenses	
_____	_____
Parent Name	Date

Principal _____ Date _____

High School Counselor _____ Date _____

Supervisor Adv. Programs _____ Date _____

High School Coordinator _____ Date _____