



Statement of Eligibility for Dual Enrollment for Dual Credit Students

Your acceptance to the Dual Enrollment for Dual Credit program at Wallace Community College Selma will be official only upon receipt of this form, completed and signed by the counselor of your local school, and a completed Application for Admission for Dual Enrollment for Dual Credit.



This section is to be completed by the student. The student and parent must also sign the Authorization for Release of Records statement at the bottom of the form.

Type of Dual Enrollment courses: Academic Technical Program of Study_____

Social Security Number_____

Name_____

Last Name

First Name

Middle Name

Address_____

City/State

Zip_____

Parent/Legal Guardian Name (please print)_____

This Section to be Completed by High School Counselor:

This student is enrolled in the 10th. 11th. 12th grade at_____ High School. Student has a minimum cumulative GPA of 2.5 (*unweighted*). I hereby recommend that this student be admitted to the Dual Enrollment for Dual Credit program at Wallace Community College Selma. (**Transcript must be attached.**)

Please list College course(s) student is approved to take during the current semester/term.	Fall Semester	Spring Semester	Summer Term

Counselor's Signature_____ Date_____

Authorization for Release of Records

According to the Family Educational Rights and Privacy Act of 1974 (FERPA), all rights of access to students' educational records transfers from the parent(s) to the student when the students become 18 years of age OR are enrolled in an institution of postsecondary education. In order to comply with the requirements of FERPA, Wallace Community College Selma shall obtain written consent from students before disclosing any personally identifiable information from his/her educational records.

As a participant of the Dual Enrollment for Dual Credit program, I understand that it is the responsibility of Wallace Community College Selma to release my grades to my high school and/or secondary educational entity. My signature below authorizes the College to release the information noted in this section.

Student's Signature_____ Date_____

Parent/Legal Guardian Signature_____ Date_____

For College Use Only

Verified by_____ Date_____ Approved by_____ Date_____