



Permission to Register Dual Enrollment Program

This form is for ALL Dual Enrollment Students. High school transcript must be attached. All areas must be completed!

To be completed by TCC only:

Transcript Attached: _____

Date Received: _____

This form applies to what semester?

Student Name _____
Last
First
Middle

TCC Student ID Number _____ **Telephone Number** _____

ENROLLMENT PLANS

Name of high school _____

Anticipated graduation date: Month ____ Year _____

This form applies to the following semester: _____

First Choice in Dual Enrollment Course(s):

TCC Course Reference Number	TCC Course ID	TCC Course Title	Class Location: Online or TCC Campus or High School	How many high school credits are you getting for this college course?	What high school course are the credits being applied towards?

Students are NOT guaranteed to get their first choice, so make sure you include a second choice.

Second Choice in Dual Enrollment Course(s):

TCC Course Reference Number	TCC Course ID	TCC Course Title	Class Location: Online or TCC Campus or High School	How many high school credits are you getting for this college course?	What high school course are the credits being applied towards?

HIGH SCHOOL AUTHORIZATION

To be completed by School Officials

This individual meets the 3.0 unweighted high school grade point average and high school classification criteria, and I recommend that he/she be enrolled in the course(s) listed above. I have attached a full transcript.

School Counselor Name (please print) _____

School Counselor Signature _____ **Date** _____

TCC's Economics courses does NOT satisfy the high school financial literacy component