Permission Form for Dual Enrollment
WCC Classes

Name (Please print legibly!):

_________________________  __________________   ______   _______  ________
Last                      First                      M.I.       Grade        DOB (mm/dd/yy)

School (select one):

_______   Bland  _________   Carroll County  _________  Fort Chiswell
_______   Galax  _________   George Wythe    _________  Grayson
_______   Marion  _________   Oak Hill       _________  Rural Retreat
_______   Smyth Career & Technology Center    _________  Wythe Technology Center

Qualifications to take dual enrollment courses (check all that apply):

_______   Current HS GPA    _________  VPT/SAT/ACT placement (ENG 111)
_______   Good Academic Standing  _________  Placement into MTH 161 or passed Alg. I SOL (SOL score can be used for all DE courses except Biology and Math w/ENG 111 score)
_______   Completed _____ college credits as of fall/spring/summer semester ________ (year)

Additional Information:

_______   Student has declared for the associate degree program
_______   If applicable, the student and parent have been advised that tuition for courses taken during the _______ (fall/spring/summer) is the responsibility of the student and parent, and that these courses will not be counted on the student’s high school transcript or be used for attaining the diploma.

Permission:

This student has permission to enroll in the following course(s) at Wytheville Community College during the 2019-20 ________________ (fall/spring/summer) term.

_________  _________  _________  _________

_________________________  __________________
Principal or Authorized Designee      President or Authorized Designee

_______  _________
Date      Date