Permission Form for Dual Enrollment
WCC Classes

Name:

____________________ ______________________  ____________
Last                      First                     M.I.       Grade     DOB (mm/dd/yy)

School (select one):

___ Bland    ___ Carroll County   ___ Fort Chiswell   ___ Galax
___ G. Wythe ___ Grayson        ___ Marion        ___ Oak Hill
___ Rural Retreat ___ Wythe Technology Center ___ Other

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

____ Current HS GPA         ____ Good Academic Standing
____ Passed placement test or using PSAT/SAT/ACT scores
____ Completed __ 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 2023-24 ____________ (fall/spring/summer) term.

________________________________________
________________________________________

Administrator or Authorized Designee            President or Authorized Designee

_____________     _______________            _______________     _______________
Date                                Date