

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
 GCA G. Wythe Grayson Marion
 Oak Hill Rural Retreat WCTC 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 **2025-26** _____ (fall/spring/summer) term.

Administrator or Authorized Designee

President or Authorized Designee

Date

Date

Begin Here. Become Anything.