

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 **2026-27** academic year.

Administrator or Authorized Designee

Date

President or Authorized Designee

Date

Begin Here. Become Anything.