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
_______ Wythe Technology Center

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

_______ Current HS GPA
_______ VPT/SAT/ACT placement (ENG 111)
_______ 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 2021-22 ____________ (fall/spring/summer) term.

________________________________________
Principal or Authorized Designee

________________________________________
President or Authorized Designee

__________                        __________
Date                                Date