



WYTHEVILLE COMMUNITY COLLEGE

1000 East Main Street • Wytheville, VA 24382

Office: (276) 223-4110 • Fax: (276) 223-4861 • Cell/Text: (276) 613-3639

Email: jfloyd@wcc.vccs.edu • Web: wcc.vccs.edu

Dual Enrollment Permission Form – 2021 – 2022

Name:

_____	_____	_____	_____	_____
Last	First	M.I.	Grade	DOB (mm/dd/yy)

Student Section:

School (please place an X beside corresponding school):

<input type="checkbox"/> Bland	<input type="checkbox"/> Carroll	<input type="checkbox"/> Fort Chiswell	<input type="checkbox"/> Galax
<input type="checkbox"/> George Wythe	<input type="checkbox"/> Grayson	<input type="checkbox"/> Homeschool	<input type="checkbox"/> Marion Sr.
<input type="checkbox"/> Oak Hill	<input type="checkbox"/> Rural Retreat	<input type="checkbox"/> Wythe Career and Tech. Center	

Student Signature: I understand I must apply to the college and meet all course eligibility requirements, including dual enrollment qualifications and respective prerequisites. I authorize Wytheville Community College to send my transcript and/or final grades to my high school's guidance department at the end of the applicable term.

_____	_____
<i>Student's Signature</i>	<i>Date</i>

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Parent or Legal Guardian Signature: I am the parent/guardian of the aforementioned student and give permission for them to enroll in the dual credit courses listed/offered through WCC.

_____	_____
<i>Parent's or Legal Guardian's Signature</i>	<i>Date</i>

.....

Administrator Signature: I give permission for this student to enroll in the dual credit courses listed and offered through WCC.

_____	_____
<i>Administrator Signature</i>	<i>Date</i>