Dual Enrollment Permission Form – 2021 – 2022

Name:

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>M.I.</th>
<th>Grade</th>
<th>DOB (mm/dd/yy)</th>
</tr>
</thead>
</table>

**Student Section:**

**School (please place an X beside corresponding school):**

- [ ] Bland
- [ ] Carroll
- [ ] Fort Chiswell
- [ ] Galax
- [ ] George Wythe
- [ ] Grayson
- [ ] Homeschool
- [ ] Marion Sr.
- [ ] Oak Hill
- [ ] Rural Retreat
- [ ] 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.

____________________________________________________

Student’s Signature Date

**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.

____________________________________________________

Parent’s or Legal Guardian’s Signature Date

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

____________________________________________________

Administrator Signature Date