



# WYTHEVILLE COMMUNITY COLLEGE

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## Dual Enrollment Permission Form – 2020 – 2021

Name (Please print legibly!):

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

**Student Section:** I am a student at \_\_\_\_\_ requesting approval to enroll in the following dual credit courses through Wytheville Community College for the 2020-21 school year:

Fall Semester 2020

Spring Semester 2021

Summer Semester 2021

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I understand I must apply to the college and meet course eligibility requirements, including placement tests or appropriate College Board scores. 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 Section:** I give permission for my child to enroll in the dual credit courses listed above and offered through WCC.

\_\_\_\_\_  
*Parent's or Legal Guardian's Signature*

\_\_\_\_\_  
*Date*

.....  
**NOTE:** This form must be completed and returned to the school's counseling office before student will be enrolled in any WCC course. Students withdrawing from the course after the withdrawal date will receive an 'F' grade for the course. All withdrawal requests shall be made through the counseling office and with the Coordinator of Dual Enrollment.