Declaration of Intent to Earn an Associate Degree and/or a Certificate of General Education Concurrent with High School Graduation

Name:			Student ID #:		
High School:			School Counselor:		
			ments for an Associat on concurrently while	te of Arts and Sciences earning my high	
Student Signature		Date	Signature of Counselor Date		
Certifica Semester or Term in	e of Arts and te of General	Education ework will begin:	will be completed:		
Course	Credits	Faculty	Term of Enrollment		

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Please make three cop			• 6	ll-l (°1)		
The student should keep one copy of this intent form, one copy should be filed in the high school guidance office and updated each semester by the student's high school counselor, and one copy should be given to Josh Floyd (Dual Enrollment Coordinator, Wytheville Community College).						
Date Form Received			Date Student Comple	eted Requirements		
Dual Enrollment Coo	rdinator					