

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: http://www.wcc.vccs.edu

Permission Form for Dual Enrollment WCC Classes

Name (Ple	ase print legibly!)	:				
Last		First		M.I.	Grade	DOB (mm/dd/yy)
School (sele	ect one):					
	Marion	& Technology	_ Georg _ Oak H	l County e Wythe ill		Fort Chiswell Grayson Rural Retreat Wythe Technology Center
<u>Qualificatio</u>	ns to take dual enr	ollment course	s (check al	l that apı	oly):	
	Current HS GF Good Academ	nic Standing			Placem Alg. I S DE co w/ENG	AT/ACT placement (ENG 111) nent into MTH 161 or passed OL (SOL score can be used for all urses except Biology and Math 111 score)
	·	college cre	earts as or r	aii/spring	g/summ	er semester (year)
during the	If applicable, (fall/sprin	g/summer) is t	nd parent the respor	have be	en advis	ed that tuition for courses taken udent and parent, and that these used for attaining the diploma.
Permission:						
	t has permission to				at Wyth	neville Community College during
	-					
Principal or Authorized Designee					Preside	ent or Authorized Designee
 Date					 Date	