



WYTHEVILLE COMMUNITY COLLEGE

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Permission Form for Dual Enrollment WCC Classes

Name (Please print legibly!):

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

School (select one):

_____	Bland	_____	Carroll County	_____	Fort Chiswell
_____	Galax	_____	George Wythe	_____	Grayson
_____	Marion	_____	Oak Hill	_____	Rural Retreat
_____	Wythe Technology Center				

Qualifications to take dual enrollment courses (check all that apply):

_____	Current HS GPA	_____	VPT/SAT/ACT placement (ENG 111)
_____	Good Academic Standing	_____	Placement into MTH 161 or passed Alg. I SOL (SOL score can be used for all DE courses except Biology and Math w/ENG 111 score)
_____	Completed _____ college credits as of fall/spring/summer semester _____ (year)		

Additional Information:

_____ Student has declared for the associate degree program

_____ If applicable, the student and parent have been advised that tuition for courses taken during the _____ (fall/spring/summer) is the responsibility of the student and parent, and that these courses will not be counted on the student's high school transcript or be used for attaining the diploma.

Permission:

This student has permission to enroll in the following course(s) at Wytheville Community College during the 2020-21 _____ (fall/spring/summer) term.

_____	_____	_____
_____	_____	_____

Principal or Authorized Designee

President or Authorized Designee

Date

Date