



# WYTHEVILLE COMMUNITY COLLEGE

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## Dual Enrollment Permission Form – 2022 – 2023

**Name:**

\_\_\_\_\_

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

**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

**Please indicate which classes you are taking through dual enrollment (check all that apply):**

\_\_\_ Normal (taken with credentialed instructor at high school – Monday through Friday)  
\_\_\_ Online (WCC – taken in block or period at high school – Monday through Friday)  
\_\_\_ Online (Gov. School – taken in block or period at high school – Monday through Friday)  
\_\_\_ Other (Classes taken at Crossroads in Galax with WCC instructors – schedule varies)

**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*

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**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*

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

\_\_\_\_\_ *Administrator Signature* \_\_\_\_\_ *Date*