

## Permission Form for Dual Enrollment WCC Classes

Name:

\_\_\_\_\_

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

**School (select one):**

\_\_\_ Bland                      \_\_\_ Carroll County                      \_\_\_ Fort Chiswell                      \_\_\_ Galax  
 \_\_\_ G. Wythe                      \_\_\_ Grayson                      \_\_\_ Marion                      \_\_\_ Oak Hill  
 \_\_\_ Rural Retreat                      \_\_\_ Wythe Technology Center                      \_\_\_ Other

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

\_\_\_ Current HS GPA                      \_\_\_ Good Academic Standing  
 \_\_\_ Passed placement test or using PSAT/SAT/ACT scores  
 \_\_\_ Completed \_\_\_ 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 **2023-24** \_\_\_\_\_ (fall/spring/summer) term.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Administrator or Authorized Designee*

\_\_\_\_\_  
*President or Authorized Designee*

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

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