

Dual Enrollment Permission Form – 2024 – 2025

Name:

Last	First	M.I.	Grade	Student ID – OR – DOB (mm/dd/yy)
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Student Section:

School (please place an X or a ✓ beside corresponding school):

___ Bland	___ Carroll	___ Fort Chiswell	___ Galax
___ GCA	___ George Wythe	___ Grayson	___ Homesch.
___ Marion Sr.	___ Oak Hill	___ Rural Retreat	___ WCTC
___ Other (please indicate school) _____			

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

___ In Person
___ Online

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.

<i>Student’s Signature</i>	<i>Date</i>
.....	

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.

<i>Parent’s or Legal Guardian’s Signature</i>	<i>Date</i>
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Administrator Signature: I give permission for this student to enroll in the dual credit courses listed and offered through WCC.

<i>Administrator Signature</i>	<i>Date</i>
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