



Wallace Community College

Dual Enrollment Program Application

Checksheet for Dual Enrollment Application Packet – Application MUST BE COMPLETE or it will not be accepted for processing! USE A PEN – NO PENCIL!

_____ Application for Accelerated and Dual Enrollment.

_____ Parent Permission Form.

_____ Statement of Eligibility for Dual Enrollment.
(Must be signed by school principal AND counselor to be complete!)

_____ Copy of CURRENT state-issued driver's license, permit or non-driver ID or current passport or alternative ID (contact Admissions Office for details).

_____ Copy of high school transcript.

_____ Official copy of ACT scores if not on high school transcript – **IF TAKING ENG101 or a MATH class ONLY!**
(In lieu of ACT students may complete the placement test prior to registering for classes.)

FOR CAREER-TECHNICAL STUDENTS:

_____ Copy of four-year career plan which clearly indicates the chosen CT field.

_____ Copy of Career Assessment (KUDER) to determine suitability for chosen CT field.

STUDENTS: Make sure ALL the forms are signed and all the blanks are filled. We MUST have an e-mail that you check regularly and a social security number!

Please keep a copy of your application packet for future reference.

Student Signature



Wallace Community College

Wallace Campus in Dothan • Sparks Campus in Eufaula



Statement of Eligibility for Dual Enrollment/Dual Credit and Accelerated High School Students

Your acceptance to the dual enrollment/dual credit and accelerated high school program at Wallace Community College will be official only upon receipt of this form, completed and signed by the counselor of your local school, and a completed Application for Dual Enrollment/Accelerated Credit.

This section is to be completed by the student. The student and parent must also sign the Authorization for Release of Records statement at the bottom of the form.

Type of Dual Enrollment: Academic Technical Program of Study_____

Social Security Number_____

Name _____
Last Name First Name Middle Name

Address _____
City, State Zip _____

Parent/Legal Guardian Name (please print)_____

This Section to be Completed by High School Principal and Counselor: (Principal only for Accelerated High School Students)

This student is enrolled in the 10th, 11th, or 12th grade at_____ High School. Student has a minimum cumulative GPA 2.5 (*unweighted*). I hereby recommend that this student be admitted to the dual enrollment/dual credit and/or accelerated high school program at Wallace Community College. **(Transcript must be attached for all students. Career Tech students must also attach KUDER assessment and four-year college plan.)**

Please list Wallace College course(s) student is approved to take during the current semester/term.	Fall Semester	Spring Semester	Summer Semester

Counselor's Signature _____ Date _____

Principal's Signature _____ Date _____

Continuous Eligibility for Dual Enrollment for Dual Credit

Students who meet the criteria for initial admission for a Dual Enrollment for Dual Credit program will maintain continuous eligibility so long as they earn a grade of C or better in all attempted college courses. Students who fail to meet this minimum grade requirement or who withdraw from a course will be suspended from the program for a minimum of one term. The one-term suspension may not be served during the summer. The student may not re-enroll until the suspension has been served. For re-entry, the student must reapply to the program and must meet the minimum grade point average requirements.

Authorization for Release of Records

According to the Family Educational Rights and Privacy Act of 1974 (FERPA), all rights of access to students' educational records transfers from the parent(s) to the student when the students become 18 years of age OR are enrolled in an institution of postsecondary education. In order to comply with the requirements of FERPA, Wallace Community College shall obtain written consent from students before disclosing any personally identifiable information from his/her educational records.

As a participant of the Dual Enrollment/Dual Credit Program, I understand that it is the responsibility of Wallace Community College to release grades to my high school and/or secondary educational entity. My signature below authorizes the College to release this information as noted in this section.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

For Office Use Only: Verified by _____ Date _____ Approved by _____ Date _____



WALLACE COMMUNITY COLLEGE

PARENT PERMISSION FORM AND HOLD HARMLESS AGREEMENT

Student's Program (Check One): Dual Enrollment Accelerated High School Adult Education

Please Print.

Student's Name: _____

Student's Home Address: _____

Parent(s) or Legally Appointed Guardian(s): _____

For purposes of this agreement, the student named above will hereafter be referred to as the student.

The undersigned student and the undersigned parent(s) or legal guardian(s) of the student grant permission for the student to participate in the Wallace Community College program noted above. We understand and agree that, as a component of career/technical educational programs, the student may be required to operate career/technical equipment. We understand that it is the responsibility of the student to adhere to all associated program safety guidelines.

In the event of illness or injury while participating in a program at Wallace Community College, we grant the College permission to seek appropriate medical attention for the student. By granting permission we understand the following:

- That seeking medical attention may require but not be limited to transporting the student to a nearby medical facility.
- That Wallace Community College does not provide insurance to cover students in the event of illness, injuries or the need for medical attention.
- That we (I) will be personally responsible for costs associated with any medical services deemed necessary as a result of illness or injury.
- That Wallace Community College will not be responsible for costs associated with any medical services that may be needed in relation to any such illness or injury.

We further understand and agree that Wallace Community College shall not be responsible for any liability arising from or related to any illness or injury, including death, or any loss of property that may be sustained by the student as a result of, or in relation to the student's educational training. The student and parent(s) or legally appointed guardian(s) hereby agree to release and hold harmless Wallace Community College, the Alabama Department of Postsecondary Education, the State of Alabama Board of Education, and their respective officials, employees, agents, and representatives from any claim, grievance, action, damages, or liability relating to any damage to or loss of property or relating to any injury, including death, that the student might incur or suffer during the course of the educational training or from the student's participation in any activity that is conducted as a part of the educational program, except to the extent that any such damage, loss, or injury shall be incurred or suffered by the participant as a result of the intentional infliction of such damage, loss, or injury by an official or employee of Wallace Community College.

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Scholarship Application for Dual Enrollment Students

Name: _____

High School _____ Graduation Year _____

For Wiregrass Foundation Scholarship only:

_____ I am a student in a Houston County or Dothan City School.

_____ I am a senior in high school

_____ I receive free or reduced lunch **Counselor verification** _____

_____ I realize that the Wiregrass Foundation only pays for one THREE-HOUR class in

Fall semester -and one in spring semester. If I choose to take a class with more than three credit hours I will be responsible for paying the additional tuition/fees.

_____ I have a 3.0 or above high school GPA. **Counselor verification** _____

***Student must have counselor's signature as verification of free or reduced lunch and qualifying GPA.**

For Workforce Development Scholarship only:

I would like to take a Career-Technical Program of study. Program options below.

Funded Programs	
<ol style="list-style-type: none"> 1. Applied Engineering Technology 2. Automotive Technology 3. Computer Information Science 4. Electrical Technology 5. Emergency Medical 	<ol style="list-style-type: none"> 6. HAVC (Air Conditioning and Refrigeration) 7. Medical Assisting 8. Office Administration Technology 9. Welding

Program: _____ (Select from the programs listed above)

_____ Copy of **four-year career plan** which clearly indicates the chosen Career Tech field.

_____ Copy of **Career Assessment (KUDER)** to determine suitability for **chosen Career Tech field**.

_____ I realize that the scholarship does not pay for any class not in specific career-technical program of study and tuition/fees/books for any classes outside my program of study will be my responsibility. The programs of study for each of the career-technical programs may be found and printed from the college catalog a [www .wallace.edu](http://www.wallace.edu).