

ACADEMIC DUAL ENROLLMENT/DUAL CREDIT
Statement of Eligibility

Your acceptance to the dual enrollment/dual credit program at Wallace Community College will be official only upon the receipt of this form, completed by your principal and signed by the superintendent of your local school board, and the completion of an application for admission to the College.

Social Security Number _____

Name _____
Last First Middle

Address _____

City/State/Zip _____

To Be Completed By High School Principal:

This student is enrolled in the _____ grade at _____
High School and has a minimum cumulative "B" average. I hereby recommend that this student be admitted to the dual enrollment/dual credit program at Wallace Community College.

Please list Wallace College courses student is approved to take during the _____ school year
(current)

Principal's Signature _____

Date _____

Superintendent's Signature _____

Date _____

Campus Dean's Signature _____

Date _____