



REQUEST FOR DUAL ENROLLMENT

Complete and return this form to Admissions Office each semester prior to dual enrollment registration.

Student's Name: _____

Student ID: _____ Date of Birth: ____/____/____

High School: _____

Anticipated high school graduation date _____

Name of counselor making request: _____

Course(s) to be taken: _____

College Term: (choose one) Fall Spring Summer Year: _____

I am approving this student for dual enrollment. He/She is at least sixteen (16) years old, taking three (3) or more classes in high school (2 if under a "block" schedule), and making satisfactory progress toward graduation. The college course to be taken by the student does not duplicate a course offered at the student's high school.

NOTE: Under Dual Enrollment, a student is limited to no more than two (2) classes per semester. The student is not allowed to enroll in a developmental class (any class that has a "0" as the first number, such as MAT 060).

NOTE: Student must have completed the COMPASS/ASSET placement test and the Computer Skills Placement Test.

Principal or designee Date

Parent or guardian Date

FOR ROWAN-CABARRUS COMMUNITY COLLEGE USE ONLY

I have reviewed this student's request for dual enrollment and find everything in order in accordance with the North Carolina Administrative Code, Paragraph 2C.0301.

Approval Recommended: _____
Director of Admissions Date

Approval Granted: _____
President Date