Rowan-Cabarrus Community College

Post Office Box 1595
Salisbury, North Carolina 28145
704-637-0760

REQUEST FOR DUAL ENROLLMENT

Student's Name: _____

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

High School: _____

Anticipated graduation date: _____

Name of counselor making request: _____

Course(s) to be taken: _____

College Term: 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(s) to be taken by the student does/do 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

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

Revised 09-06-07