

LBW Community College

Dual Enrollment Checklist

Student Name: \_\_\_\_\_

School: \_\_\_\_\_

Program Choice: \_\_\_\_\_

COMPLETED APPLICATION PACKETS INCLUDE:

Completed Application for Admission for Dual Enrollment for Dual Credit form (must include Social Security number, emergency contact, and student signature) \_\_\_\_\_

Statement of Eligibility for Dual Enrollment for Dual Credit form (Student, Parent, and Counselor must sign) \_\_\_\_\_

Accuplacer Assessment (all academic and 12<sup>th</sup> grade students) \_\_\_\_\_  
\*All students entering the 12<sup>th</sup> grade must submit appropriate ACT scores or take the Placement exam.

High School Transcript (**2.5 unweighted** GPA required) \_\_\_\_\_

Note: An exception to the Chancellor's Procedures for Policy 801.03, section 2.2.4 admission criteria, was approved October 4, 2017, by ACCS Chancellor Jimmy Baker to allow high school students with a 2.0 GPA to enroll in the dual enrollment program.

Photo ID (driver's license/permit preferred; a copy of the student's birth certificate and I-Now profile may be substituted) \_\_\_\_\_

Required Placement Scores		
Course	ACT	Accuplacer
ENG 101 English Composition I	18 English	Essay 5
MTH 100 Intermediate College Algebra	18 Math	Quantitative Reasoning 253
MTH 112 Pre-Calculus Algebra	20 Math	Quantitative Reasoning 267
MTH 125 Calculus I	24 Math	



## Application for Admission for Dual Enrollment for Dual Credit

*This application is for accelerated credit and/or dual enrollment purposes. Once you have graduated high school, you must complete the regular College Application for Admission to be admitted as a college student.*



**For Office Use Only:** Student # \_\_\_\_\_ Photo ID \_\_\_\_\_ Staff \_\_\_\_\_ Date \_\_\_\_\_

Which College location will you attend? \_\_\_\_\_ What term will you enroll?  Fall  Spring  Summer Year \_\_\_\_\_

Program of Study \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_  
Last Name First Name Middle Name

If applicable, please provide any other names under which transcripts from other institutions may be listed \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Alternate Email \_\_\_\_\_

High School You Attend? \_\_\_\_\_ City/State \_\_\_\_\_ Anticipated Year of Graduation \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Emergency Phone Number \_\_\_\_\_

Have you lived in the State of Alabama for the past twelve months?  Yes  No Are you a United States Citizen?  Yes  No

Self-identification of information regarding sex, ethnicity, and race is optional. If you choose to self-identify, the information will be used only for federal/state reporting and will not affect the admission decision in any way. Sex:  Male  Female

**What is Your Ethnicity:**  Hispanic or Latino  Other

**What is Your Race:** (You may choose one or more of the listed categories.)

American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

**The College may release directory information without obtaining permission from the student. Examples of directory information include but are not limited to, student's name, address, telephone number, program of study, dates of attendance, and degrees awarded.**

**Do you wish to prohibit the release of your directory information?**  Yes  No

*The College will honor your request to withhold directory information but cannot assume responsibility to contact you for subsequent permission to release it. The College assumes no liability for honoring your instructions that directory information be withheld.*

**Have you previously attended any other college?**  Yes  No **If yes, list all colleges previously attended.**

Name of Institution	City/State	Dates of Attendance	Degree Earned	Are you on suspension?

**I certify that the information contained on this application is true and correct to the best of my knowledge. I understand that any false statements or information may result in disapproval of this application or expulsion from the College.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

The College is committed to equal opportunity education. The College is guided in philosophy and practice by the principle that individuals shall not be treated differently because of race, creed, religion, color, sex, age, national origin, or disability, and that legitimate and reasonable access to facilities shall be available to all. This principle particularly applies to the admission of students in all programs of the College in their academic pursuits. It is also applicable in extracurricular activities, all student development services, employment of students by the College, and employment of faculty and non-instructional staff. Therefore, the College is in compliance with Titles VI and VII of the Civil Rights Act of 1964, as amended; the Civil Rights Act of 1991; Executive Order 11246, as amended; Title IX of the Educational Amendments of 1972; Section 504 of the Rehabilitation Act; and the Americans with Disabilities Act of 1990. The College is an Affirmative Action/Equal Employment and Educational Opportunity Institution. If you require reasonable accommodations under ADA, please let us know.



### Statement of Eligibility for Dual Enrollment for Dual Credit Students

Your acceptance to the Dual Enrollment for Dual Credit program at Lurleen B. 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 Admission for Dual Enrollment for Dual 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 courses: Academic Technical Program of Study\_\_\_\_\_

Social Security Number\_\_\_\_\_

Name\_\_\_\_\_

Last Name

First Name

Middle Name

Address\_\_\_\_\_ Zip\_\_\_\_\_

City/State

Parent/Legal Guardian Name (please print)\_\_\_\_\_

#### **This Section to be Completed by High School Counselor:**

This student is enrolled in the 10<sup>th</sup>. 11<sup>th</sup>. 12<sup>th</sup> grade at\_\_\_\_\_ High School. Student has a minimum cumulative GPA of 2.5 (*unweighted*). I hereby recommend that this student be admitted to the Dual Enrollment for Dual Credit program at\_\_\_\_\_ College. (**Transcript must be attached.**)

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

Counselor's Signature\_\_\_\_\_ Date\_\_\_\_\_

### 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, Lurleen B. 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 for Dual Credit program, I understand that it is the responsibility of Lurleen B. Wallace Community College to release my grades to my high school and/or secondary educational entity. My signature below authorizes the College to release the information noted in this section.

Student's Signature\_\_\_\_\_ Date\_\_\_\_\_

Parent/Legal Guardian Signature\_\_\_\_\_ Date\_\_\_\_\_

#### **For College Use Only**

Verified by\_\_\_\_\_ Date\_\_\_\_\_ Approved by\_\_\_\_\_ Date\_\_\_\_\_

