

Alabama Southern Community College

Application for Admission – Dual Enrollment/Dual Credit Program

First time enrollment. Use Continuing Enrollment Application
for subsequent enrollment terms.

Mail to:
ASCC Admissions
P. O. Box 2000
Monroeville, AL 36461
251-575-3156, admissions@ascc.edu

APPLICATION FOR:

Year: _____ Term: _____ Fall _____ Spring _____ Summer

PERSONAL INFORMATION

Birth Date: _____ / _____ / _____ Social Security #: _____
Month Day Year

_____/_____/_____
Last Name First Name Middle Name

Mailing Address: _____ / _____ / _____ / _____ / _____
Street City State Zip County

Home phone (_____) _____ Cell phone (_____) _____

_____ U.S. Citizen _____ Permanent resident

Gender and ethnic information is requested solely for reports required by state and federal courts and other authorities and will not be used in any manner to determine admission to Alabama Southern Community College.

Gender: _____ Male _____ Female
Ethnic Origin: _____ White/Non-Hispanic _____ Black/Non-Hispanic
_____ Hispanic _____ American Indian/Alaskan Native
_____ Asian/Pacific Islander _____ International

My signature below indicates that I grant permission for my son/daughter to participate in the dual enrollment/dual credit program. I authorize the high school to release my child's grades/transcripts to the college.

Parent signature: _____ Cell/work phone: (_____) _____

This form is to be used by high school students who are applying for Dual Enrollment/Dual Credit in area school systems where the school system and ASCC have entered into a contract agreement.

Alabama Southern Community College is an equal opportunity employer. It is the official policy of the Alabama Department of Postsecondary Education, including postsecondary institutions under the control of the State Board of Education, that no person shall, on the grounds of race, color, handicap, gender, religion, creed, national origin, or age, be excluded from participation in, be denied benefits of, or be subjected to discrimination under any program, activity, or employment. Alabama Southern Community College will make reasonable accommodations for qualified disabled applicants or employees.

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HIGH SCHOOL INFORMATION:

_____/_____
Name of High School Expected year of high school graduation

_____/_____/_____
School Address City State Zip Code

ELIGIBILITY FOR DUAL ENROLLMENT/DUAL CREDIT

Eligible students are permitted to enroll in college courses conducted during school hours, after school hours and during summer terms. Courses offered shall be drawn from ASCC’s existing academic inventory of courses for credit. Courses numbered below 100 and physical education courses are not eligible under this plan. ASCC reserves the right to cancel course offerings when courses do not meet minimum enrollment requirements.

To be eligible for dual enrollment each student must meet the following criteria:

1. Meet the entrance requirements established by Alabama Southern Community College;
2. Have a “B” average in completed high school courses;
3. Have written approval of the appropriate principal and the local superintendent of education;
4. Be in grades 10, 11, or 12, or have an exception granted by ASCC upon the recommendation of the student’s principal and superintendent and in accordance with Alabama Administrative Code 290-8.9.17 regarding gifted and talented students;
5. Students who are enrolled in grades 10, 11, or 12 may be deemed eligible to participate in dual credit/dual enrollment in occupational/technical courses pending demonstrated ability to benefit as documented by successful completion and placement by COMPASS. Students enrolled under the ability-to-benefit provision must have a “B” (3.0 grade point average) in high school courses directly related to the occupational/technical studies (if applicable), which the student intends to pursue at the postsecondary level and an overall 2.5 grade point average in high school course work.
6. Exceptions may be made on an individual student basis after assessment and with the mutual consent of both the School Board and the College.

COURSE(S) REQUESTED

ASCC Course Number/Description	Time	Hours Credit	High School Course Equivalent	Unit Credit

Counselor Approval: _____ Date: _____

Principal Approval: _____ Date: _____

Superintendent Approval: _____ Date: _____

My signature below indicates that I understand that these courses are ASCC credit courses which will appear on an official transcript only after I have graduated from high school and an official final high school transcript has been received. I have informed my parent/guardian of my participation in the Dual Enrollment/Dual Credit program at ASCC, and I authorize ASCC to release my academic record to my high school. I certify that the statements on this application are true and complete to the best of my knowledge. I understand that falsification of information on this application could result in dismissal or other disciplinary action. I further understand that I am subject to Federal Education Rights and Privacy Act of 1974 (FERPA), as outlined in the Catalog and Student Handbook.

Signature of Student: _____ Date: _____