

**NYE COUNTY SCHOOL DISTRICT
APPLICATION FOR DUAL CREDIT**

Name	<input type="text"/>	Date	<input type="text"/>
Mailing Address	<input type="text"/>		
Parent's/Guardian's Name	<input type="text"/>	Telephone	<input type="text"/>
High School	<input type="text"/>	Grade	<input type="text"/>

I have read, agree and hereby request permission to apply for dual credit through the Early Studies Program. I agree to comply with all appropriate policies and regulations of the Nye County School District and the attending institution while in the program, and I understand that credit will granted only when the course requirements are satisfied and a transcript attesting to this is presented to my high school counselor. I have satisfactorily completed E.S.P. application forms and have been accepted into the program by the institution of higher education.

Student's Signature

Parent's/Guardian's Signature

The student has completed all necessary application forms, has attained junior or senior status and has a minimum of 3.5 or 3.0 cumulative grade point average respectively or has met the requirements as established by his/her L.E.P. and is eligible to participate in the Early Studies Program.

Counselor's Signature

Name of Institution

Requested Course Title and Number

High School Credit Requested _____ Approved Denied

Principal's Signature