

## Shelby County Schools Verification of Early College Enrollment

## **Dual Enrollment Course Selection Form**

Please complete this application to verify your eligibility to participate in this grant program. Submit the completed application to the SCS Academic Affairs Office, Room #258, Attn. Armella Smith, upon completion of the college's Dual Enrollment application.

Important: Please note that students must complete the Tennessee Dual Enrollment Online Application. http://www.tn.gov/collegepays/mon\_college/dual\_enroll\_grant\_rules.htm \_\_\_ Social Security No. \_\_\_\_\_ Name: \_\_\_\_ First Last Permanent Address: \_\_ Street Zip Code Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_ Ethnicity \_\_\_\_\_ Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Student E-mail Address: Parent Email Address: The student is scheduled to graduate from Name of High School Student's current grade level: 10th\_\_\_\_\_\_11th\_\_\_\_\_12th\_\_\_\_\_ Student's highest composite score: ACT \_\_\_\_\_ Date \_\_\_\_\_; or, SAT I \_\_\_\_\_ Date \_\_\_\_\_ Student's unweighted GPA on a 4.0 scale. If the student successfully completes the following post-secondary courses, this credit will also satisfy the high school graduation requirements as specified: **College or University: Semester/ Session:** Course **Course Name** Credit Online/ High School Course Equivalent/Substitution: to be filled out by SCS Academic Affairs Office only Number Hours **Campus** Parent & Student: I certify that... The information reported in this application is accurate to the best of my knowledge. I understand that false information provided in this application will result in award forfeiture or a refund and/or dismissal to participate in the Dual Enrollment Grant program. High School Counselor/or Principal's Signature Date Student's Signature/ Date Parent's Signature/ Date

Date

Approved by District's Dual Enrollment Official: