



CALHOUN
COMMUNITY
COLLEGE

DUAL CREDIT APPROVAL FORM

Admissions Office
P.O. Box 2216 • Decatur, AL 35609-2216
205/306-2500 or 1-800-626-3628

Student's Name _____ Social Security Number _____ - _____ - _____
High School _____ Grade Level _____

_____ has an overall B average, the appropriate ACT, SAT or placement score and has met all other enrollment criteria for the Dual Credit program and is hereby granted permission to enroll in the courses listed below.

Superintendent

Principal

Approved Courses

Term

An Approval Form must be submitted for each term of enrollment. The form should reflect courses approved by your high school for enrollment. Dual enrollment students may **not** enroll for developmental or physical education courses.

RELEASE OF ACADEMIC RECORD

I authorize Calhoun Community College to release my academic record each term to my high school. This release is counter signed by my parent or legal guardian, if I am less than 18 years of age. This release shall remain in effect until I provide written notice to the Records Office to discontinue the release or until I earn my high school diploma.

Date

Student

Date

Parent/Guardian