



**DUAL CREDIT DUAL ENROLLMENT APPLICATION/PERMISSION FORM**

STUDENT LAST NAME, FIRST			
DATE OF BIRTH			
STREET ADDRESS			
CITY, STATE AND ZIP			
TELEPHONE /EMAIL ADDRESS			
HIGH SCHOOL NAME			
HIGH SCHOOL GRADUATION YEAR			
DIVISION NUMBER			
HIGH SCHOOL ID NUMBER			
INTENDED MAJOR			
COLLEGE COURSE NAME		COURSE NUMBER	
CREDIT HOURS		<input type="checkbox"/> COLLEGE CREDIT <input type="checkbox"/> HIGH SCHOOL AND COLLEGE CREDIT	

**Eligibility: 2.5 GPA and 90% Attendance at High School**

I request consideration to enroll in the Dual Credit/Dual Enrollment Program. All information contained in my application is complete, factually correct, and honestly presented. My parent(s) or guardian grants permission for me to enroll. I understand I can attend \_\_\_\_\_ College for free. I understand that I will be responsible for all tuition, fees and related costs if I fail to earn a grade of C or better (books are not included for payment by City Colleges of Chicago).

**TUITION AND FEES WILL NOT BE COVERED FOR STUDENTS WHO FAIL TO EARN A GRADE OF "C" OR BETTER. IF STUDENT RECEIVES AN ADMINISTRATIVE WITHDRAWAL (ADW) OR NO SHOW (NSW), THE PARENT/GUARDIAN WILL BE RESPONSIBLE FOR TUITION AND ALL FEES.**

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

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The student identified in this application would benefit from and has the capability for an enriched academic program. This student is recommended for enrollment in college credit classes at \_\_\_\_\_ while concurrently enrolled in the high school identified below.

_____ Signature of High School Counselor	_____ GPA/CPS Students Only	_____ Attendance Rate
_____ Name of High School	_____ School Phone Number	_____ Date

\*STUDENTS WILL NEED PICUTRE ID \*      PeopleSoft ID # \_\_\_\_\_  
For Office Use Only