

This form must be submitted each semester.

APPLICANTS

Please complete the boxed portion of this form and give to your high school/secondary/home school counselor.

| Last Name | First Name | Middle Name | Suffix | |
|---|-------------|---|--------|-------|
| Cell Phone Number (including Area Code) | | Student's Email Address | | |
| Returning Dual Enrollment Student? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Semester Enrolling: Fall 20 ____ Spring 20 ____ Winter 20 ____ | | |
| Grove City College course(s) in which you would like to enroll: | | | | |
| Course Code | Course Name | Instructor | Days | Times |
| | | | | |
| | | | | |
| Alternate Courses | | | | |
| | | | | |
| | | | | |

HIGH SCHOOL/SECONDARY/HOME SCHOOL COUNSELOR USE ONLY

We appreciate your cooperation in providing the following information

Overall GPA: _____ ACT (if known): _____ SAT (if known): _____

Please indicate your level of support for this student's application to the Dual Enrollment Program:

- Recommended highly Recommended Recommended with reservation Not recommended

Is there anything else you would like us to know about this student? Attach a separate document if necessary.

NEW AND RETURNING STUDENTS: *Please attach the student's official high school transcripts to this form and sign below.*

Name (Please print) Title

Signature Date

Telephone Number (Including Extension) Email Address