

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.

First Name	Middle Name	Last 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__		
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.

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 _____