



Statement of Eligibility for Dual Enrollment for Dual Credit Students

Your application to the Dual Enrollment for Dual Credit program at Wallace Community College Selma will be official only upon receipt of this form, completed and signed by the counselor or representative of your local high school, and a completed [Online Application for Admission](#) for High School Dual Enrollment.



Student Name _____ SSN _____

WCCS Student ID ("A") Number _____ Name of High School _____

Academic | Technical – Program of Study _____

Student's Grade level at time of participation: 10th ☐ 11th ☐ 12th ☐

COURSES

COURSE	CRN #	TERM Fall / Spring / Summer	YEAR
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The student has a minimum cumulative GPA of 2.5 (unweighted) for Academic and/or 2.0 (unweighted) for CTE courses. I hereby recommend that this student be admitted to the Dual Enrollment for Dual Credit program in the Alabama Community College System.

I hereby acknowledge that the above information provided is complete, true and correct to the best of my knowledge and belief.

High School Representative: Signature _____ Date _____

WCCS High School Dual Enrollment Program Agreement Form

As a Wallace Community College Selma student, I understand the following:

- Textbooks and any required materials for the courses are the responsibility of the student.
- A grade of "D" or lower or withdrawal from a course will result in one term suspension (suspension may not be served during the Summer term), can affect future financial aid status of students, and can affect high school credits and GPA.
- I must check my schedule each semester before the start of classes
- High school IEP/504 plans are not honored by postsecondary institutions.
- I am responsible for obtaining any necessary accommodations through the college ADA representative* *before* classes begin each term.

It is the responsibility of the student to check their schedule each semester before the start date of classes for any errors regarding registration, charges, account holds, and personal contact information. Students who contact the college dual enrollment staff *after* the start date of classes with account or course registration errors may not be able to remedy these errors.

Student Name (Please Print) _____ Mobile Number _____

Student Signature _____ Date _____

As the parent/guardian of a dual enrollment student, I understand the following:

- I acknowledge and agree to all posted dual enrollment policies.
- Textbooks and any required materials for the courses are the responsibility of the student.
- The rights to private educational information (FERPA) transfer to the student upon enrollment, regardless of age.
- A grade of "D" or lower or withdrawal from a course will result in one term suspension (suspension may not be served during the Summer term), can affect future financial aid status of students, and can affect high school credits and GPA.
- High school IEP/504 plans are not honored by postsecondary institutions.
- If my student requires any accommodations for courses, *the student* must contact the college ADA representative* *before* classes begin each term.

Parent/Guardian Name (Please Print) _____ Mobile Number _____

Parent/Guardian Signature _____ Date _____

Authorization for Release of Records

According to the Family Educational Rights and Privacy Act of 1974 (FERPA), all rights of access to students' educational records transfers from the parent(s) to the student when the students become 18 years of age OR are enrolled in an institution of postsecondary education. In order to comply with the requirements of FERPA, Wallace Community College Selma shall obtain written consent from students before disclosing any personally identifiable information from his/her educational records.

As a participant of the Dual Enrollment for Dual Credit program, I understand that it is the responsibility of Wallace Community College Selma to release my grades to my high school and/or secondary educational entity. My signature below authorizes the College to release the information noted in this section.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

*WCCS Americans with Disabilities Act (ADA) Coordinator: Ms. Octavia Mason, (334) 876-9277