



Checklist for Dual Enrollment Application Packet

Application packet **MUST BE COMPLETE** for student to be processed and registered!



1. Complete CVCC Admissions Application. Can be completed online.

www.cv.edu

2. Copy of high school transcripts indicating at least a 2.5 GPA.

3. Official Copy of ACT or ACCUPLACER Test Scores (Needed for all Academic DE students and all students entering Career Tech Health Science, Emergency Medical Technician, and Computer Information System).

- - Students with ACT scores of 20 or above in Math and an 18 in English are exempt from taking the ACCUPLACER and college preparatory courses.
 - **Students needing the ACCUPLACER must have CVCC A Number before testing is scheduled.**

Registration Process- The following documents are needed **BEFORE** the registration process can be completed.

4. Dual Enrollment Scholarship Application.
5. Complete DE/DC Registration Approval Form with all required signatures.
6. Complete payment form indicating method of payment for Academic/Accelerated students only
7. Payment (out of pocket students only)



Dual Enrollment/Dual Credit Statement of Eligibility and Registration Form

All Academic Dual Enrollment/Dual Credit High School Students must complete the following to be eligible:

- **Meet the entrance requirements for CVCC.**
- **Complete ACCUPLACER for MATH and English or provide ACT Scores with:**
 - **20 or above in Math**
 - **18 or above in English**
- **Must be in the 10th, 11th or 12th grade**
- **Must have a minimum cumulative 2.5 GPA (Career Tech and Academic students)**

Current Term	
Year	

Student Name:	Student ID:
Address: _____	City/State _____ Zip code _____
High School _____	Grade: _____

This is to certify that the above named student has qualified for admission into Dual Enrollment Program with Chattahoochee Valley Community College. The Student may enroll in the courses listed below, provided he/she meets the college placement and/or prerequisite criteria for the courses listed.

Fall Semester _____	Spring Semester _____	Summer Semester _____
Course Number/Course section/Course Name	Course Number/Course section/Course Name	Course Number/Course section/Course Name
High School Approved (Semester) HS Counselor Initial	High School Approved (Semester) HS Counselor Initial	High School Approved (Semester) HS Counselor Initial

High School Counselor Signature

High School Principal Signature

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 student becomes 18 years of age or are enrolled in an institution of postsecondary education. In order to comply with requirements of FERPA Chattahoochee Valley Community College shall obtain written consent from students before disclosing any personal identifiable information from his/her education records.

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

Student Signature

Parent/Guardian Signature



Career Technical Dual Enrollment Scholarship Application

To be completed by Student

Student Name:	Student ID:
Address: _____	City/State _____ Zip code _____
High School _____	Grade: _____
Social Security Number: - - -	Date of Birth / /
Email Address: _____	Phone Number _____

Check only **ONE** of the following areas of concentration you will pursue at CVCC:

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Certified Nursing Assistant (CNA) | <input type="checkbox"/> Childcare Development | <input type="checkbox"/> Fire Science |
| <input type="checkbox"/> Medical Assisting | <input type="checkbox"/> Pharmacy Tech | |
| <input type="checkbox"/> Emergency Medical Technology | <input type="checkbox"/> Computer Information Systems | |
| | <input type="checkbox"/> STEM /Academic | |
| <input type="checkbox"/> Applied Technology (Industrial Maintenance, HVAC /R, Automotive Manufacturing, Welding) | | |

Student Signature

Parent/Guardian Signature

To be completed by Counselor or Principal

Most recent GPA _____
(Numerical Average)

Class Rank _____

School Official's Name/Title

School Official's Signature