

Monroe County Community College Dual Enrollment Application

Steps to Enroll:

1. Discuss your plans with your parents.
2. Meet with your high school counselor **and**
 - Take the MCCC placement test **or** submit **ACT or SAT** scores.
 - Submit high school transcripts to MCCC with the application and all of your test scores.

Admission to the college is based upon high school performance (GPA of 2.5 or higher) and Placement test or ACT/SAT scores.

***Students with an I.E.P. should contact the Student Success Center at MCCC @ 734.384.4167.*
Course selection is limited by the high school, Monroe County Community College, and availability of course desired.**

Name _____ SSN or MCCC ID # _____

Address _____

City/State/Zip _____ Phone **(Required)** _____

Date of Birth _____ Male _____ Female _____

High School _____ Current Grade _____ Grad Year _____

Emergency Contact Name _____ Emergency Contact Phone _____

To be completed by high school representative:

Subject _____ **Course number** _____ **Section** _____ **Credits** _____

Subject _____ **Course number** _____ **Section** _____ **Credits** _____

Subject _____ **Course number** _____ **Section** _____ **Credits** _____

Subject _____ **Course number** _____ **Section** _____ **Credits** _____

Semester Requested: Fall _____ Winter _____ Summer _____

High School GPA _____ (2.5 or higher) College credit only _____ High School/college credit _____

PAID FOR BY SCHOOL DISTRICT _____ **YES** _____ **NO** (UP TO THE STATE'S DUAL ENROLLMENT SCHOOL PAID AMOUNT)

The high school student identified above is recommended and approved for the course(s) and semester requested. This student has been counseled and determined eligible according to the guidelines stated in the Post-Secondary Enrollment Options Act.

School authorization _____ **Date** _____

PLEASE MAKE COPIES PRIOR TO SUBMITTING FORM

MCCC has my permission to release academic information and/or grades to the high school and/or parents or guardians.

Signature of Student _____ Date _____

Signature of Parent or Guardian _____

*****It is the student's responsibility for dropping or withdrawing from class. Please contact your high school counselor **before** dropping or withdrawing from any class. If you do not attend class, you will receive a permanent failing grade.

FOR MCCC USE ONLY:

Approved by _____ Date _____