

# Wallace Community College Dual Enrollment Program Application

Check-sheet for Dual Enrollment Application Packet – Application <u>MUST BE</u>

<u>COMPLETE</u> or it will not be accepted for processing! USE A PEN – NO PENCIL!

Ар	plication for Accelerated and Dual Enrollment.
Par	rent Permission Form.
	tement of Eligibility for Dual Enrollment. ust be signed by school principal AND superintendent to be complete!)
	by of CURRENT state-issued driver's license, permit or non-driver ID or rent passport or alternative ID (contact Admissions Office for details).
Сор	py of high school transcript.
E <b>N</b> (In	Gicial copy of ACT scores if not on high school transcript – IF TAKING G101 or a MATH class ONLY! lieu of ACT students may complete the placement test prior to gistering for classes.)
	INICAL STUDENTS:
	by of four-year career plan which clearly indicates the chosen CT field. by of Career Assessment (KUDER) to determine suitability for chosen CT d.
MUST have an e-	ure ALL the forms are signed and all the blanks are filled. We mail that you check regularly and a social security number! a copy of your application packet for future reference.

Student Signature



## Wallace Community College Wallace Campus in Dothan • Sparks Campus in Eufaula

Wallace Campus in Dothan • Sparks Campus in Eufaula
Application for Dual Enrollment/Accelerated Credit



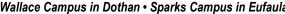
This application is for accelerated credit and/or dual enrollment purposes. Once you have graduated high school, you must complete WCC's regular Application for Admission to be admitted as a college student.

For Office Use Only: Student # Pho	oto ID	Staff	Date	
Which WCC campus will you attend? ☐Wallace Campus	s in Dothan	□Sparks Campus in Eufa	ula	
What term do you plan to enroll? □Fall □Spring □Su	mmer Year			
Social Security NumberDate of	Birth			
Name				
Last Name	First Nar		Middle Name	
If applicable, please provide any other names under which trans	scripts from other instit	utions may be listed		
Address	County_	City	, State, Zip	
Home Phone Cell Phone	Employer	Emp	oloyer's Phone	
E-mail	Alternat	e Email		
High School You Attend?		City/State	Anticipated Year of G	raduation
Name of person to notify in case of emergency			Phone Number	
Have you lived in the State of Alabama for the past twelve mont	ths? □Yes □No	Are you a Unite	ed States Citizen? □Yes □	]No
Self-identification of information regarding sex, ethnicity, and raconly for federal/state reporting and will not affect the admission		•	rmation will be used emale	
What is Your Ethnicity: □Hispanic or Latino □Not H	ispanic or Latino			
What is Your Race: (You may choose one or more of the listed Asian ☐ American Indian or Alaskan Native ☐ Black	d categories.) c or African American	☐ Native Hawaiian or Oth	er Pacific Islander □ W	nite
The College may release directory information without but are not limited to, student's name, address, teleph				
Do you wish to sign a non-release of directory information? The College will honor your request to withhold directory information? Regardless of the effect upon you, the College assumes no liab	ormation but cannot a			rmission to release it.
Have you previously attended any college other than Walla				
Name of Institution	City/State	Dates of Attendanc	e Degree Earned	Are you on suspension?
I certify that the information contained on this application information may result in disapproval of this application or			ge. I understand that any	false statements or
Signature		Date	9	

Wallace Community College (WCC) is committed to equal opportunity education. The College is guided in philosophy and practice by the principle that individuals shall not be treated differently because of race, creed, religion, color, sex, age, national origin, or disability, and that legitimate and reasonable access to facilities shall be available to all. This principle particularly applies to the admission of students in all programs of the College in their academic pursuits. It is also applicable in extracurricular activities, all student development services, employment of students by the College, and employment of faculty and non-instructional staff. Therefore, WCC is in compliance with Title VI and VII of the Civil Rights Act of 1964, as amended; the Civil Rights Act of 1991: Executive Order 11246, as amended; Title IX of the Educational Amendments of 1972; Section 504 of the Rehabilitation Act; and the Americans with Disabilities Act of 1990. Wallace Community College is an Affirmative Action/Equal Employment and Educational Opportunity Institution. If you require special accommodations under ADA, please let us know.



## Wallace Community College Wallace Campus in Dothan • Sparks Campus in Eufaula





#### Statement of Eligibility for Dual Enrollment/Dual Credit and Accelerated High School Students

Your acceptance to the dual enrollment/dual credit and accelerated high school program at Wallace Community College will be official only upon receipt of this form, completed and signed by the counselor of your local school, and a completed Application for Dual Enrollment/Accelerated Credit.

Records statement at the bottom of		d parent must also sign the	Authorization for Release of	
Type of Dual Enrollment: □Acaden	mic	Program of Study		
Social Security Number				
Name				
NameLast Name	First	Name	Middle Name	
Address		, State	_Zip	
Parent/Legal Guardian Name (please	City e print)	, State		
This Section to be Completed by H				:s)
This student is enrolled in the □10 <sup>th</sup>	<sup>h,</sup> □11 <sup>th,</sup> or □12 <sup>th</sup> grade at_		High School. Student ha	as
a minimum cumulative GPA 2.5 (unw				
and/or accelerated high school progr	· ·	,	ached for all students. Career Te	<u>ch</u>
students must also attach KUDER	assessment and four-year c	ollege plan.)		
Please list Wallace	Fall Semester	Spring Semester	Summer Semester	
College course(s)		opg comeans		
student is approved to				
take during the current				
semester/term.				
Counselor's Signature	_		Date	
Principal's Signature			Date	
According to the Family Education records transfers from the parent(s) postsecondary education. In order consent from students before disclosured As a participant of the Dual Enrol College to release grades to my his release this information as noted in	nal Rights and Privacy Act of to the student when the student occupied to comply with the requirement of any personally identifiable liment/Dual Credit Program, igh school and/or secondary	dents become 18 years of agents of FERPA, Wallace Corolle information from his/her end understand that it is the re-	e OR are enrolled in an institution mmunity College shall obtain writt ducational records.  esponsibility of Wallace Commun	of ten nity
Student's Signature			Date	
Parent's Signature			Date	
For Office Use Only		Ad b.	Date	



#### PARENT PERMISSION FORM AND HOLD HARMLESS AGREEMENT

Student's Program (Check One):   Dual Enrollment	☐ Accelerated High School ☐ Adult Education
Please Print. Student's Name: Student's Home Address: Parent(s) or Legally Appointed Guardian(s):	
For purposes of this agreement, the student named ab	ove will hereafter be referred to as the student.
The undersigned student and the undersigned parer permission for the student to participate in the Walla We understand and agree that, as a component of care may be required to operate career/technical equipment the student to adhere to all associated program safety of	ce Community College program noted above. eer/technical educational programs, the student t. We understand that it is the responsibility of
In the event of illness or injury while participating in a grant the College permission to seek appropriate mermission we understand the following:	
<ul> <li>That seeking medical attention may require but nearby medical facility.</li> <li>That Wallace Community College does not provillness, injuries or the need for medical attention.</li> <li>That we (I) will be personally responsible for deemed necessary as a result of illness or injury.</li> <li>That Wallace Community College will not be respectives that may be needed in relation to any second.</li> </ul>	vide insurance to cover students in the event of  costs associated with any medical services y.  sponsible for costs associated with any medical
We further understand and agree that Wallace Commiliability arising from or related to any illness or injury, in be sustained by the student as a result of, or in relating student and parent(s) or legally appointed guardian(student and student and st	on to the student's educational training. The shape on to the student's educational training. The shape of th
Signature of Student:	Date:
Signature of Parent/Guardian:	Date:

Signature of Parent/Guardian: \_\_\_\_\_\_Date: \_\_\_\_\_

### **Scholarship Application for Dual Enrollment Students**

h SchoolGraduation	on Year
r Wiregrass Foundation Scholarship o	only:
I am a student in a Houston County or Doth	han City School.
I am a senior in high school	
I receive free or reduced lunch	Counselor verification
I realize that the Wiregrass Foundation only HOUR class in	y pays for one THREE-
Fall semester -and one in spring semester.	
class with more than three credit hours I wi	ill be responsible for
paying the additional tuition/fees.	
	Counselor verificationcation of free or reduced lunch and qualifying GPA.
I have a 3.0 or above high school GPA.  Student must have counselor's signature as verifice or Workforce Development Scholarship only:  I would like to take a Career-Technical Program	cation of free or reduced lunch and qualifying GPA.
Student must have counselor's signature as verifice or Workforce Development Scholarship only:  I would like to take a Career-Technical Progran	cation of free or reduced lunch and qualifying GPA.  The one of study. Program options below.
Student must have counselor's signature as verificor workforce Development Scholarship only:	cation of free or reduced lunch and qualifying GPA.
Student must have counselor's signature as verifice or Workforce Development Scholarship only:  I would like to take a Career-Technical Programer 1 rograms funded first)	ration of free or reduced lunch and qualifying GPA.  In of study. Program options below.  Tier 2  (Programs funded, if funds are available)
Student must have counselor's signature as verifice or Workforce Development Scholarship only:  I would like to take a Career-Technical Programer 1	eation of free or reduced lunch and qualifying GPA.  In of study. Program options below.
Student must have counselor's signature as verifice or Workforce Development Scholarship only:  I would like to take a Career-Technical Programer 1 rograms funded first)  1. Welding 2. Applied Engineering 3. Electrical Technology	ration of free or reduced lunch and qualifying GPA.  In of study. Program options below.  Tier 2 (Programs funded, if funds are available)  1. Accounting Technology 2. Office Administration
Student must have counselor's signature as verifice or Workforce Development Scholarship only:  I would like to take a Career-Technical Programer 1 rograms funded first)  1. Welding 2. Applied Engineering 3. Electrical Technology 4. HVAC (Air Conditioning and Refrigeration	ration of free or reduced lunch and qualifying GPA.  In of study. Program options below.  Tier 2 (Programs funded, if funds are available)  1. Accounting Technology 2. Office Administration
Student must have counselor's signature as verification or Workforce Development Scholarship only:  I would like to take a Career-Technical Program  I would like to take a Career-Technical Program  I rograms funded first)  1. Welding 2. Applied Engineering 3. Electrical Technology 4. HVAC (Air Conditioning and Refrigeration 5. EMS (Emergency Medical Service (Basic)	ration of free or reduced lunch and qualifying GPA.  In of study. Program options below.  Tier 2 (Programs funded, if funds are available)  1. Accounting Technology 2. Office Administration
Student must have counselor's signature as verifice or Workforce Development Scholarship only:  I would like to take a Career-Technical Programer 1 rograms funded first)  1. Welding 2. Applied Engineering 3. Electrical Technology 4. HVAC (Air Conditioning and Refrigeration	ration of free or reduced lunch and qualifying GPA.  In of study. Program options below.  Tier 2 (Programs funded, if funds are available)  1. Accounting Technology 2. Office Administration
Student must have counselor's signature as verification or Workforce Development Scholarship only:  I would like to take a Career-Technical Program  I would like to take a Career-Technical Program  I rograms funded first)  1. Welding 2. Applied Engineering 3. Electrical Technology 4. HVAC (Air Conditioning and Refrigeration 5. EMS (Emergency Medical Service (Basic)	ration of free or reduced lunch and qualifying GPA.  In of study. Program options below.  Tier 2 (Programs funded, if funds are available)  1. Accounting Technology 2. Office Administration
Student must have counselor's signature as verification workforce Development Scholarship only:  I would like to take a Career-Technical Program  I would like to take a Career-Technical Program  I would like to take a Career-Technical Program  I welding Applied Engineering Electrical Technology HVAC (Air Conditioning and Refrigeration EMS (Emergency Medical Service (Basic) Medical Assisting	ration of free or reduced lunch and qualifying GPA.  In of study. Program options below.  Tier 2 (Programs funded, if funds are available)  1. Accounting Technology 2. Office Administration  (Select from the programs listed above)

will be my responsibility. The programs of study for each of the career-technical programs may be found and printed from the college catalog a <a href="www.wallace.edu">www.wallace.edu</a>.