



Dual Enrollment Application

Social Security Number - _____ -

Full Name _____
(Last) (First) (Middle) (Preferred Name)

Permanent Address _____
(Street) (City) (County) (Zip)

Mailing Address _____
(Street) (City) (County) (Zip)

Cell Phone (_____) _____ Email Address: _____
_____ Date of Birth _____

Are you a legal resident of MS? _____ Gender _____
(MM-DD-YY)

Are you Hispanic/Latino? _____

Circle one of the following to describe yourself: American Indian/Alaska Native Asian
Black/African American Native Hawaiian/Pacific Islander White

High School _____ HS Graduation Year _____ Intended College Major or
Area of Interest? _____

I am seeking dual credit admission to Delta State University for: () Fall 20_____() Spring 20_____

Dual Credit Guidelines:

- Students must have an unconditional written recommendation from their high school principal and/or guidance counselor and parent or guardian approval (located on the back).
- A minimum cumulative GPA of 3.00 or better, completion of 14 core high school units (or have junior level status) or have earned a minimum ACT composite of 30 AND have a minimum GPA of 3.00 or better, as documented by an official high school transcript.
- A minimum ACT composite of 16 is required for participation.
- Students must have a sub-score 17 or better in English, a sub-score of 17 or better in Reading to take History or Literature, and a sub-score of 20 or better in Math to be allowed to take college level courses in these areas.
- A qualified dually enrolled high school student shall be allowed to earn an unlimited number of University credits.
- Enrollment under dual credit does not grant automatic acceptance to the University. To be accepted to attend the University, the student must apply for admission as a regular student and meet the admission requirements as stated in all University publications.
- Dual credit students are protected under FERPA and must sign the Consent to Release Academic Information to grant access to educational records.

I certify that none of the information on this form is false or has been withheld. I understand that giving false information or withholding information may make me ineligible for admission to participate in the dual credit program at Delta State University.

Student Signature

Date

Approval - School Official

I recommend _____ be allowed to participate in the dual credit program by
(Student Name)

enrolling in _____ at Delta State University for the fall/spring 20 _____ semester.
(Course Title)

Principal/Guidance Counselor

Date

Name of High School

City

Approval – Parent or Guardian

I certify that my child has permission to enroll in the Dual Credit Program at Delta State University. I understand that my child will be responsible for paying any fees and expenses associated with dual credit enrollment and that refunds are subject to the University Refund Policy. I also understand that FERPA regulations apply and my child must submit a Consent to Release Academic Information Form through the Registrar’s Office in order for me to access his/her educational records.

Printed Name - Parent or Guardian

Signature – Parent or Guardian

Date

Parent Email Address