



# DUAL ENROLLMENT/DUAL CREDIT APPLICATION

I am applying for:  Dual Enrollment  Dual Credit

A Unique Identification Number (UIN) will be assigned as your college ID. Check here if you wish to receive your UIN via e-mail

Application submitted for:  Summer/year \_\_\_\_\_  
 Fall/year \_\_\_\_\_  
 Spring/year \_\_\_\_\_

Please indicate campus:  Florissant Valley  
 Forest Park  
 Meramec  
 Wildwood  
 SCEUC

1. Social Security number: \_\_\_\_\_

2. Complete legal name: \_\_\_\_\_

Last First Middle

3. Permanent address: \_\_\_\_\_

Number and street: \_\_\_\_\_

City State Zip Code Country

4. Telephone: \_\_\_\_\_

5. E-mail: \_\_\_\_\_

6. Sex:  Male  Female

7. Date of birth: \_\_\_\_\_  
(mm/dd/yy)

8. Are you a United States citizen?  Yes  No

Required citizenship/English language proficiency:

If not, identify visa type: \_\_\_\_\_  
(Note: I-151, I-551 I or I-94 may be required)

Country of birth: \_\_\_\_\_

Country of citizenship: \_\_\_\_\_

Is English your first language?  Yes  No

If not, what is your first language? \_\_\_\_\_

9. Ethnic origin:  
Are you Hispanic/Latino?  Yes  No  
Please check any or all of the below which apply to you:

- American Indian or Alaska Native
- Asian
- Black or African-American
- Native Hawaiian or Other Pacific Islander
- White

10. High school attending: \_\_\_\_\_

11. High school phone number: \_\_\_\_\_

12. Graduation date: \_\_\_\_\_

13. ACT or SAT Test?  Yes  No

14. Have you previously earned college credit?  Yes  No  
 Dual Credit  
 Dual Enrollment  
 AP  
 IB

15. Are you planning to enroll as a full-time student at St. Louis Community College upon graduation?  Yes  No

16. Are you enrolled in the A+ Program?  Yes  No

## EMERGENCY CONTACT

(Name) \_\_\_\_\_

(Telephone Number) \_\_\_\_\_

(Relationship to Applicant) \_\_\_\_\_

## Dual Enrollment /Dual Credit Approval

High School Counselor or Administrator Completes

I recommend the above named student for admission to St. Louis Community College while attending high school. The student's cumulative GPA is \_\_\_\_\_ on a \_\_\_\_\_ scale. The student plans to attend during the \_\_\_\_\_ semester and has my permission to take \_\_\_\_\_ course(s). Note: Student has to qualify within the guidelines of all course prerequisites. Dual Credit is available only for courses for which a signed Dual Credit agreement exists and has been approved by both STLCC's Board of Trustees and an appropriate authorizing high school entity.

The student has my permission to take classes during the following times and/or format (please check all applicable boxes):

Times of Day:  Day  Evening  Weekend

Class Format/Style:  Lecture  Web-based/Hybrid

School Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Parent or Guardian Completes

I understand the conditions under which my dependent is enrolling at St. Louis Community College and grant permission for such enrollment. In case of serious illness or injury, college personnel are hereby authorized to provide the appropriate medical attention deemed necessary.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Submit this form with high school transcript to Admissions Office.