



J.F. DRAKE STATE COMMUNITY AND TECHNICAL COLLEGE

3421 MERIDIAN STREET, NORTH • HUNTSVILLE, AL 35811
P: 256.551.3109 • F: 256.551.3142

Name of Student _____ SSN (Last Four) _____

High School _____ Current Grade Level _____

I certify that the student whose name appears above meets the Dual Enrollment/Dual Credit criteria and recommend the student enroll for the following course(s):

Table with 4 columns: HIGH SCHOOL COURSE, DRAKE STATE'S COURSE, CREDIT HOURS, FINAL GRADE. Two empty rows for data entry.

If all eligibility requirements are met I agree to participate in the Dual Enrollment program.

STUDENT SIGNATURE _____ PRINTED NAME _____ DATE _____

PARENTAL AUTHORIZATION

I, the parent/legal guardian of this student, grant permission for my son/daughter to enroll in the course(s) listed. I understand the unique character and rigorous requirements of the course(s). I authorize _____ High School to release my child's grades/transcripts to the college and to enroll my son/daughter into the course(s).

PARENT/GUARDIAN SIGNATURE _____ PRINTED NAME _____ DATE _____

APPROVAL GRANTED

PRINCIPAL (Required) _____ DATE _____

LOCAL SUPERINTENDENT OF EDUCATION (Required): _____ DATE _____

FOR OFFICIAL USE ONLY

Cumulative GPA: _____ Enrollment Term: _____

Final Grade Due: _____ (Enter the date that final grades are due for the high school)