

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: \_\_\_\_\_

Are you a legal resident of MS? \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(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