



BEVILL STATE COMMUNITY COLLEGE

Dual Enrollment for Dual Credit Eligibility Form



This section to be completed by the Student and Parent/Legal Guardian:

Semester: ___ Fall ___ Spring ___ Summer Year _____

Type of Dual Enrollment courses: **ACADEMIC & EMS** (2.5 Minimum unweighted HS GPA) **TECHNICAL** (2.0 Minimum unweighted HS GPA)

Bevill State Student Number _____ Program of Study _____

Last Name _____ First Name _____ Middle Name _____

Address _____

City _____ State _____ Zip _____

Parent/Legal Guardian Name (please print): _____

Authorization for Release of Records

According to the Family Educational Rights and Privacy Act of 1974 (FERPA), all rights of access to students' educational records transfers from the parent(s) to the student when the students become 18 years of age OR are enrolled in an institution of postsecondary education. In order to comply with the requirements of FERPA, **Bevill State Community College** shall obtain written consent from students before disclosing any personally identifiable information from his/her educational records.

As a participant of the Dual Enrollment for Dual Credit program, I understand that it is the responsibility of **Bevill State Community College** to release my grades to my high school and/or secondary educational entity. In addition, when the College deems necessary, it may release pertinent information which affects my grade to appropriate officials at my high school and/or secondary school. My signature below authorizes the College to release the information noted in this section.

Participants must understand that to maintain continuous eligibility students must earn a grade "C" or better in all attempted courses at Bevill State. Participants who receive a grade of D, F, W, WP or WF in any course will be suspended from the Dual Enrollment program for a minimum of one term (suspension may not be served during the summer term). Participants must adhere to all Bevill State policies and procedures.

Student's Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

This Section to be Completed by High School Counselor:

My signature verifies that the above student has a _____ cumulative (unweighted) GPA and will be enrolled

in the 10th 11th 12th grade during the 20____ to 20____ academic year at _____

high school. I hereby recommend that this student be admitted to the Dual Enrollment for Dual Credit program at **Bevill State Community College** and may enroll in the following courses:

BSCC Course	BSCC Call #	College Credit Hrs.	High School Course Equivalent	HS Course Code #	High School Unit
					1
					1
					1

Counselor's Signature _____ Date _____

For BSCC Use Only	
Processed By	Date