

DUAL ENROLLMENT APPLICATION

Name _____

Gender ☐ Male ☐ Female ☐ I prefer not to respond

Permanent Address _____

City _____ County _____

State _____ Zip _____

Date of Birth ____/____/____ US Citizen ☐ Yes ☐ No

Which of the following best identifies you?

- ☐ Non-resident alien
☐ Black or African American
☐ American Indian or Alaskan Native
☐ Asian
☐ Hispanic or Latino
☐ White
☐ Two or more races
☐ Native Hawaiian or Pacific Islander

Social Security # _____

E-mail _____

Phone (_____) _____

Parent(s) Name(s) _____

High School _____

Registration for:

☐ Fall ☐ Spring Year _____

I will be a ☐ Junior or ☐ Senior when I begin Dual Enrollment.

Have you taken dual enrollment courses before? ☐ Yes ☐ No

If yes, please list course and grade: _____

Tennessee Grant application submitted ☐ Yes ☐ No

Course in which I would like to enroll:

Course _____

Credit Hours _____ Days/Time _____

Course _____

Credit Hours _____ Days/Time _____



1350 King College Road | Bristol, Tennessee 37620-2699
(800) 362-0014 or (423) 652-4861

Refund Policy

If I decide to stop attending my Dual Enrollment course for any reason I will follow the appropriate procedure:

- Prior to the first day of school - a full refund for a class dropped
- From the first day of class until the 10th day - students may drop a course without penalty
- After the 10th day of class - no refund is offered and students receiving the Dual Enrollment Grant will be required to pay the money owed for the course.

School Recommendation

Guidance Counselor or Principal is requested to complete this section:

I recommend this student for the Dual Enrollment Program based on the criteria of academic ability, dependability, initiative, and maturity.

☐ Strongly ☐ With Concerns

Student's Cumulative GPA _____

Graduation Year _____

Signature of Counselor or Principal

Student/Parent Release Form

Current High School

- ☐ I request the Office of Registration and Records at King University to release my final grade(s) for the current semester under the Dual Enrollment program to the same high school listed above. King University holds no responsibility for what a particular high school accepts for credit.

- ☐ I do not intend to use this course for Dual Credit at this time. Please do not send my final grade.

By signing below I acknowledge that I understand the refund/withdraw policy and agree to adhere to all the standards of King University while in Dual Enrollment. I give permission to the King University Office of Registration and Records to notify my high school (listed above) if I withdraw from any class while under the Dual Enrollment program. I have read and agree to all policies and procedures as stated in this brochure.

Student Signature

Date

Parent/Guardian Signature

Date