

## Dual Enrollment Application

Name \_\_\_\_\_

Gender:  Male  Female DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_

E-mail \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Parent's Names \_\_\_\_\_

Parent's E-mail \_\_\_\_\_

Parent's Phone (\_\_\_\_\_) \_\_\_\_\_

High School \_\_\_\_\_

Registration for:  Fall  Spring Year \_\_\_\_\_

I will be a Junior / Senior (*circle one*) when I begin Dual Enrollment.

### Course in which I would like to enroll:

Course \_\_\_\_\_

Credit Hours \_\_\_\_\_ Days/Time \_\_\_\_\_

Course \_\_\_\_\_

Credit Hours \_\_\_\_\_ Days/Time \_\_\_\_\_

## 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*



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