



Dual Enrollment Recommendation Form

Snead State Community College
Admissions Office
PO Box 734 • Boaz, AL 35957
DE@snead.edu

Name of Student _____ SSN _____ - _____ - _____
 Name of High School _____ Grade Level for DE Term _____
 Cumulative GPA (unweighted) _____ (minimum 2.5) Term of Enrollment _____ 20_____

I certify this student meets the dual enrollment criteria (10th/11th/12th grade and HS GPA of 2.5 or above). Approval is recommended by the high school for this student to enroll in the courses listed below for purposes of earning both high school and college credits. The student has demonstrated both academic readiness and social maturity.

Signature of High School Counselor or School Official

Date

Approved Courses*

*Appropriate placement scores are required for ENG and MTH courses.

Course Prefix & Number	Course Title	Credit Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: This recommendation form is good for **one term only**. If a student wishes to re-enroll during subsequent term, he or she must provide a new recommendation form each semester. Dual enrollment is considered conditional credit on a student's college transcript pending receipt of a final high school transcript documenting high school graduation. Students who earn a grade of D/F or withdraw from a course will be suspended from participating in the Dual Enrollment program for a minimum of one term.

Permission to Release Records

I authorize Snead State Community College to release my academic record, including grades and absences, to the high school listed above and/or to my parents and/or guardians. This authorization for release of records will remain in effect until written notification to discontinue the release is received by the Snead State Admissions Office or until I earn my high school diploma.

Signature of Student

Date