
Application for Admission

www.columbiastate.edu
Office of Admissions
1665 Hampshire Pike
Columbia, TN 38401



Dual Enrollment Application for Admission For High School Juniors and Seniors

How do I apply?

- Step 1** Please complete this form by printing clearly in ink or by typing.
- Step 2** Remember to have appropriate signatures on the Admission Application, Hepatitis B Immunization Health History Form, and the Consent Form.
- Step 3** You may submit your application in person at any Columbia State campus or may mail your application to:
- Columbia State Community College**
Office of Admissions
1665 Hampshire Pike
Columbia, TN 38401
- Step 4** Request that all official supporting documents such as high school transcripts and ACT scores be sent directly to the address above. *Official documents are those received in our office from the issuing agency/institution. All submitted documents become the property of the college and cannot be returned or forwarded.*

What else is required?

New applicants are required to submit a \$10 non-refundable, one-time application fee payment with this application.

To be considered for the Dual Enrollment Grant, students must also complete a Grant Application form prior to each semester by Tennessee Student Assistance Corporation (TSAC) deadlines.

Office of Admissions: 931-540-2790
TDD Relay Number: 1-800-848-0298
Fax: 931-560-4125

Columbia State Community College is an AA/EOE and a Tennessee Board of Regents Institution. Individuals needing this material in alternative formats should contact the vice president for student services and enrollment management.

To be eligible for Dual Enrollment, the following must be met:

- The student must be a junior or senior in public, private, or authorized home-school (freshman and sophomore must complete the regular Application for Admission as "academically talented/gifted").
- The student must have a cumulative high school GPA of at least 3.0.
- The student should have a National ACT reading score of at least 19 or National SAT composite of at least 900 (pre-ACT/SAT scores may NOT be used).
- Students who do not have an ACT 19 Reading score or an SAT 900 composite may be eligible for certain courses if their GPA is at least 3.2. Students admitted under this guideline must submit an ACT Reading score of at least 19 or SAT composite of at least 900 before they will be allowed to continue in Dual Enrollment for a second semester.
- Students wishing to take math, math-related science courses, English, speech, and literature courses must meet ACT/SAT requirements as follows NO EXCEPTIONS:

<u>College Subject</u>	<u>ACT</u>	<u>SAT</u>
math & related sciences	19 + math	460 + math
English & speech	19 + English	460 + verbal

Other Important Information

Once admitted to the Dual Enrollment program, students are expected to follow all college policies and are required to maintain a 2.0 cumulative GPA in college or they will not be able to continue in the program.

It is the student's responsibility to consult with the high school and/or local board of education to see how courses will count toward the student's high school graduation and/or be posted to the high school transcript.

Dual Enrollment students may not take Developmental Studies classes.

Unless otherwise approved by the high school, students may take their college classes at any Columbia State location at the days/times designated in the semester schedules.

Dual Enrollment students must attend the classes for which they are registered. If the student does not plan to attend the class or something changes in the student's schedule, it is the student's responsibility to officially drop the course(es).

Once admitted to the Dual Enrollment program, the college does not track the student's high school GPA. However, students should consult with their high school regarding any high school GPA requirements for continuation in Dual Enrollment.

Dual Enrollment students taking college classes are assessed the same fees and discounts as any other student. Dual Enrollment students once admitted are eligible for the Dual Enrollment Grant if submitted to the college by the required deadlines. Please see the grant form for more details. High school students are NOT eligible for federal financial aid or college scholarships. After graduation from high school, students are then eligible for federal and college aid.

Students wishing to continue with Columbia State after graduation from high school must complete the regular admission application and be admitted to the college as a regular student.

Consent for Dual Enrollment

Parental/Guardian Consent:

I give permission for _____ to take Dual Enrollment classes with
(print student's name)

Columbia State Community College. I understand that grant or other financial support for Dual Enrollment may not completely cover costs. I understand that I will be responsible for payment of tuition, fees, books, and any other materials and expenses associated with these classes. I understand that, due to federal regulations, federal aid (such as Pell grant) and regular college scholarships are not available for Dual Enrollment students.

Parent/Guardian

Date

Student Consent:

I give consent to the release of attendance and final grades information to my parent or legal guardian upon their request.

Student

Date

Principal or Guidance Counselor Consent:

- I certify that the above named student has my permission to participate in the Dual Enrollment program provided by Columbia State Community College.
- This student's Grade Point Average is _____ on a 4.0 scale.
- I understand that I must provide an official high school transcript and National ACT/SAT scores (please mail or send with student in a sealed envelope). *You may fax transcript, scores and the consent form directly to Admissions at 931-560-4125.*

Principal or Guidance Counselor

Date

OFFICE USE ONLY:

Application Entry: Staff _____ Date _____
Application Fee Payment: Check Name _____ Number _____ Cash ___ Credit Card ___



Return form to: Columbia State Community College
 Office of Admissions
 1665 Hampshire Pike
 Columbia, TN 38401
 Phone: 931-540-2790
 Fax: 931-560-4125

Hepatitis B Immunization Health History Form

Name: _____
 Last First MI

Date of Birth: _____ Social Security Number*: _____ - _____ - _____
 Month/Day/Year

Hepatitis B Health History Information

The General Assembly of the State of Tennessee mandates that each public or private postsecondary institution in the state provide information concerning Hepatitis B infection to all students matriculating for the first time. Tennessee law requires that such student complete and sign a waiver form provided by the institution that includes detailed information about the disease. The required information below includes the risk factors and dangers of the disease as well as information on the availability and effectiveness of the vaccine for persons who are at-risk for the disease. The information concerning this disease is from the Centers for Disease Control and the American College Health Association.

The law does not require that students receive vaccination for enrollment. Furthermore, the institution is not required by law to provide vaccination and/or reimbursement for the vaccine.

Hepatitis B (HBV) is a serious viral infection of the liver that can lead to chronic liver disease, cirrhosis, liver cancer, liver failure, and even death. The disease is transmitted by blood and or body fluids and many people will have no symptoms when they develop the disease. The primary risk factors for Hepatitis B are sexual activity and injecting drug use. This disease is completely preventable. Hepatitis B vaccine is available to all age groups to prevent Hepatitis B viral infection.

A series of three (3) doses of vaccine are required for optimal protection. Missed doses may still be sought to complete the series if only one or two have been acquired. The HBV vaccine has a record of safety and is believed to confer lifelong immunity in most cases.

- I hereby certify that I have read this information and I have received the complete three dose series of the Hepatitis B vaccine. Date of completion of the Hepatitis B vaccination series: ____/____/____
- I hereby certify that I have read this information and I have elected to receive the Hepatitis B vaccine and/or I am in the process of receiving the complete three(3) dose series of the Hepatitis B vaccine.
- I hereby certify that I have read this information and I have elected not to receive the Hepatitis B vaccine.

Signature of Student or Parent/Guardian (If student is under 18):

_____ Date: _____

For more information about the Hepatitis B disease and its vaccine, please contact your local health care provider or consult the Center for Disease Control and Prevention Web site at (www.cdc.gov/health/default.htm).

* In accordance with the Privacy Act of 1974, please be advised that the requested disclosure of your Social Security Number is voluntary and optional. Your Social Security Number will not be disclosed to individuals or agencies outside of the institution except in accordance with the institutional policy on student records.