



Return form to: Columbia State Community College
 Office of Admissions
 1665 Hampshire Pike
 Columbia, TN 38401
 Phone: 931-540-2790
 TDD Relay Number: 800-848-0298
 Fax: 931-560-4125

DUAL ENROLLMENT

Web Admissions Application Signature / Consent Page

Parental/Guardian Consent:

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

with 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 931-540-2793.*

 Principal or Guidance Counselor Date