



Dual Enrollment Recommendation Form

Snead State Community College
 Admissions Office
 PO Box 734 • Boaz, AL 35957
 Admissions@snead.edu / Fax (256) 593-7180

Name of Student _____ Social Security Number _____ - _____ - _____
 Name of High School _____ Current Grade Level _____
 Cumulative GPA (unweighted) _____ (minimum 2.5) Term of Enrollment _____ 20_____

I certify the student whose name appears above meets the dual enrollment criteria and is hereby granted permission to enroll in the courses listed below. This includes certification that the student has demonstrated both academic readiness and social maturity.

 Signature of Principal or Career & Technical Representative

 Signature of High School Counselor

 Date

 Date

Approved 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. Snead State Community College will not officially award college credit to dual enrollment/dual credit high school students until proof of high school graduation (official transcript with graduation date) is provided.

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 Office of Student Services or until I earn my high school diploma.

 Signature of Student

 Date