

*This form must be submitted each semester.*

**APPLICANTS**

*Please complete the boxed portion of this form and give to your high school/secondary/home school counselor.*

First Name	Middle Name	Last Name	Suffix		
Cell Phone Number (including Area Code)		Student's Email Address			
Returning Dual Enrollment Student? <input type="checkbox"/> Yes <input type="checkbox"/> No		Semester Enrolling: Fall 20 ____ Spring 20__			
Grove City College course(s) in which you would like to enroll:					
Course Code	Course Name	Online	On-Campus	Days	Times
Alternate Courses					

**HIGH SCHOOL/SECONDARY/HOME SCHOOL COUNSELOR USE ONLY**

*We appreciate your cooperation in providing the following information*

Overall GPA: \_\_\_\_\_ ACT (if known): \_\_\_\_\_ SAT (if known): \_\_\_\_\_

Please indicate your level of support for this student's application to the Dual Enrollment Program:

- Recommended highly     Recommended     Recommended with reservation     Not recommended

Is there anything else you would like us to know about this student? Attach a separate document if necessary.

---



---



---

Please attach the student's official high school transcripts to this form and sign below.

Name (Please print) \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Telephone Number (Including Extension) \_\_\_\_\_ Email Address \_\_\_\_\_