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

**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.

________________________________________________________________________________________________________________

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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