**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 __________________________