

**APPLICANTS**

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

Last Name	First Name	Middle Name	Suffix	
Cell Phone Number (including Area Code)		Student's Email Address		
Grove City College course(s) in which you would like to enroll:				
Course Code	Course Name	Instructor	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.

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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 \_\_\_\_\_