

Dual Enrollment

Virginia Highlands Community College

www.vhcc.edu/DualEnrollment • de@vhcc.edu • (276) 739-2480

Dual Enrollment
Scholars Program
Application

Name: _____

School Year: _____

High School: _____

I plan to earn the following (check one):

_____ General Education Certificate (33 College Credits)

_____ General Studies Degree (63 College Credits)

Recommendation of Counselor/Principal: _____

Signature

I intend to meet the requirements to earn the certificate/degree while I am a high school dual enrollment student at VHCC. I understand I will be required to follow all applicable VHCC policies and procedures while enrolled at VHCC.

Student Signature

My signature below authorizes my daughter/son to participate in the Dual Enrollment Scholars Program.

Parent Signature