

**DUAL ENROLLMENT AGREEMENT BETWEEN
VANCE-GRANVILLE COMMUNITY COLLEGE
AND**

Student ID #: _____

I hereby certify that _____ is currently enrolled in three or more courses at _____ High School. I also certify that the above named student is at least sixteen (16) years old and making appropriate progress toward graduation. I recommend this student for dual enrollment in _____.

Name of Course(s)

Semester (*Check One*): Spring Summer Fall

Principal _____ Date _____

Approved _____ Date _____

*Director of Counseling Services
(President Designee)*

White: VGCC Copy

Pink: High School Copy

Yellow: Student Copy

Revised (4/08)

**DUAL ENROLLMENT AGREEMENT BETWEEN
VANCE-GRANVILLE COMMUNITY COLLEGE
AND**

Student ID #: _____

I hereby certify that _____ is currently enrolled in three or more courses at _____ High School. I also certify that the above named student is at least sixteen (16) years old and making appropriate progress toward graduation. I recommend this student for dual enrollment in _____.

Name of Course(s)

Semester (*Check One*): Spring Summer Fall

Principal _____ Date _____

Approved _____ Date _____

*Director of Counseling Services
(President Designee)*

White: VGCC Copy

Pink: High School Copy

Yellow: Student Copy

Revised (4/08)