



Central Virginia Community College
3506 Wards Road
Lynchburg, Virginia 24502
Department: Dual Enrollment 434 832 7832
dualenrollment@centralvirginia.edu

Dual Enrollment Permission to Enroll Form

* = Required field

Student Information

* Student ID Number _____
* First Name _____
* Last Name _____

Placement

(For Office Use Only)

Math: _____
English: _____

Dual enrollment (DE) at Central Virginia Community College is restricted to students who are junior or seniors in high school or home school students studying at the high school junior or senior level.

All dual enrollment students must demonstrate readiness for college, meet applicable college placement requirements and address all other college admission criteria. Documentation of parental permission is required for all dual enrollment students.

Semester: _____

Course(s): _____

By signing below, I acknowledge that I understand CVCC policies and expectation of dual enrollment students.

* **Student Signature:** _____ Date: _____

* **Parent Signature:** _____ Date: _____

This is to certify that the student listed above is currently making satisfactory grades in high school and this additional course work is not expected to cause any academic difficulty. This student has our permission to enroll in the course(s) listed above.

* **School Official Signature:** _____ Date: _____

Return to Dual Enrollment Office

For Office Use Only

Initials: _____
Date: _____