



2022 – 2023 Interim Dual Enrollment Policy
 Counselor/Teacher Dual Enrollment Eligibility Recommendation Form
 Date: _____

Student Information:

Student Name:	
High School:	Grade Level:
Although the Counselor/Teacher Recommendation Form is being utilized in lieu of approved standardized test scores, dual enrollment students must meet the course of interest's prerequisite/corequisite requirements.	
Application Semester: <input type="checkbox"/> Fall 2022 <input type="checkbox"/> Spring 2023 <input type="checkbox"/> Summer 2023	Course(s) of interest: _____ _____ _____

Recommender Information:

Recommender's Name	Title:
Phone Number:	Email Address:
Signature:	Date:
Recommendation Type: <input type="checkbox"/> Course/Subject Teacher <input type="checkbox"/> High School Counselor <input type="checkbox"/> High School Principal	

Student Recommendation:

	Surpassing	Approaching Satisfactory	Deficient	Not Applicable
Student Academic English History				
Student's Academic Math History				
Ability to Collaborate				
Critical Thinking Skills				
Verbal and Nonverbal Communication Skills				
Integrity				
Overall, do you feel this student would be successful in a college level course?				

Recommender's Additional Comments: _____

