

DUAL ENROLLMENT PERMISSION NON-DEGREE APPLICATION



PART ONE: TO THE APPLICANT

Complete the top portion of this form and give it to your guidance counselor or governing homeschool authority.

Full legal name: _____

Street address _____ City _____ State _____ Zip code _____

Date of birth: _____ Email: _____

PART TWO: TO THE PARENT/GUARDIAN

I understand that the College of Charleston is an adult learning environment. Textbooks, assignments and discussions may include adult and sometimes controversial subjects. I understand and have explained to my child the potential for discussion of adult topics. As a parent/guardian, I certify that I have read and understand the responsibilities and financial obligations of a student enrolled in College of Charleston as stated in the application information.

Name (please print) _____ Signature _____

PART THREE: TO THE COUNSELOR

The student above is interested in taking dual enrollment coursework at the College of Charleston. The College requires authorization from the guidance counselor or governing homeschool authority before the student can enroll. Please complete the form below and return it to: adu@cofc.edu, or by mail to: College of Charleston, Office of Admissions, 66 George Street, Charleston, SC 29424-0001.

The student above scored the following on the ACT/SAT (only one required):

STANDARDIZED TEST SCORES

ACT	SAT
Test date: _____	Test date: _____
English: _____	Critical Reading: _____
Math: _____	Math: _____
	Writing: _____

The student above will take the following course(s) for dual enrollment credit:

COURSEWORK AND EQUIVALENCIES

COLLEGE OF CHARLESTON COURSE(S)

HIGH SCHOOL COURSE(S) EQUIVALENCY

Name (please print) _____ Signature _____

Questions? Contact us:
adu@cofc.edu • p. 843.953.5620 • f. 843.953.7461



COLLEGE of
CHARLESTON