

# 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: \_\_\_\_\_

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 by email, the preferred method, to [admapplicants@cofc.edu](mailto:admapplicants@cofc.edu) or mail it to College of Charleston, Office of Admissions, 66 George Street, Charleston, S.C. 29424-0001.

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

**Please return this form via email to  
[admapplicants@cofc.edu](mailto:admapplicants@cofc.edu)**

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Questions? Contact us:  
[admissions@cofc.edu](mailto:admissions@cofc.edu) p. 843.953.5670



**COLLEGE of  
CHARLESTON**