

SOUTHWEST

TENNESSEE COMMUNITY COLLEGE

Banner ID # _____

DUAL ENROLLMENT STUDENT DATA FORM

New Returning Student Fall Spring Summer _____ Year

SSN _____ Date of Birth _____

GPA _____ ACT Score _____ SAT Score _____ Plan ACT _____

First Name _____ Middle _____ Last _____

Street Address _____ Apartment # _____

City _____ County _____ State _____ ZIP _____

Telephone Number (_____) _____ Parent/Guardian Telephone (_____) _____

Gender Male Female

Race or Ethnic Group White/Non Hispanic American Indian/Alaskan Native Black/African American Hispanic
 Asian/Pacific Islander Other (please specify)

I am currently a Freshman Sophomore Junior Senior Anticipated Graduation Year _____

Have you previously participated in a Southwest Tennessee Community College's Dual credit Program? Yes No

Have you been or are you currently enrolled in a Dual Credit Program at another institution? Yes No

If so, where? _____

Signature Last Name _____ Middle _____ First _____

Name of Course _____ CRN # _____ Section# _____

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I certify that the student named above meets the qualifications and has my permission to participate in Southwest Tennessee Community College's Dual Enrollment Program.

Counselor Signature _____ Date _____

Principal Signature _____ Date _____

Student Signature _____ Date _____

Please return this form to:
Southwest Tennessee Community College
Dual Enrollment Office
737 Union Avenue
Parrish Building, Room 231
Memphis, TN 38103
or Fax to **(901) 333-5204**