

Enterprise State Community College

Dual Enrollment Program

Check-sheet for Dual Enrollment Application Packet

Application MUST BE COMPLETE. Please use a PEN – NO PENCIL!

- _____ Application for Accelerated and/or Dual Enrollment Credit
- _____ Statement of Eligibility for Dual Enrollment/Authorization for Release of Records (**Must be signed by Counselor and Parent to be complete**)
- _____ In-State Residency form
- _____ Identity Verification Form – This form may be access at the ESCC website:
https://ESCCF.formstack.com/forms/identity_verification_form_copy
- _____ Copy of Picture ID
(Current driver's license/permit or State issued non-driver ID or current passport. Military ID's can no longer be accepted)
- _____ Copy of high school transcript (Qualifying GPA of 2.5 unweighted)
- _____ Official copy of ACT scores if **NOT** on high school transcript – IF TAKING ENGLISH OR MATH (In lieu of ACT students may take the College placement test (ACCUPLACER) prior to registering for classes.)

For Students entering a Career-Technical program

- _____ Copy of 4-year career plan
- _____ Copy of Career Assessment (Kuder - students access this on the web using their username and log-in www.al.kuder.com)

Students: Make sure ALL the forms are signed and all the blanks are filled.



Enterprise State Community College

Enterprise · Ozark · Andalusia · Mobile



Application for Admission for Dual Enrollment for Dual Credit

This application is for accelerated credit and/or dual enrollment purposes. Once you have graduated high school, you must complete the regular College Application for Admission to be admitted as a college student.

For Office Use Only: Student # _____ Photo ID _____ Staff _____ Date _____

Which ESCC location will you attend? Enterprise Ozark Andalusia Mobile High School

What term will you enroll? Fall Spring Summer Year _____

Program of Study _____

Social Security Number _____ Date of Birth _____

Name _____
Last Name First Name Middle Name

If applicable, please provide any other names under which transcripts from other institutions may be listed _____

Address _____ County _____ City, State, Zip _____

Home Phone _____ Cell Phone _____

E-mail _____ Alternate Email _____

High School You Attend? _____ City/State _____ Anticipated Year of Graduation _____

Emergency Contact Person _____ Emergency Phone Number _____

Have you lived in the State of Alabama for the past twelve months? Yes No Are you a United States Citizen? Yes No

Self-identification of information regarding sex, ethnicity, and race is optional. If you choose to self-identify, the information will be used only for federal/state reporting and will not affect the admission decision in any way. Sex: Male Female

What is Your Ethnicity: Hispanic or Latino Other

What is Your Race: (You may choose one or more of the listed categories.)

American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

The College may release directory information without obtaining permission from the student. Examples of directory information include but are not limited to: student's name, address, telephone number, program of study, dates of attendance, and degrees awarded.

Do you wish to prohibit the release of your directory information? Yes No

The College will honor your request to withhold directory information but cannot assume responsibility to contact you for subsequent permission to release it. The College assumes no liability for honoring your instructions that directory information be withheld.

Have you previously attended any other college? Yes No If yes, list all colleges previously attended.

| Name of Institution | City/State | Dates of Attendance | Degree Earned | Are you on suspension? |
|---------------------|------------|---------------------|---------------|------------------------|
| | | | | |
| | | | | |

I certify that the information contained on this application is true and correct to the best of my knowledge. I understand that any false statements or information may result in disapproval of this application or expulsion from the College.

Student Signature _____ Date _____

The College is committed to equal opportunity education. The College is guided in philosophy and practice by the principle that individuals shall not be treated differently because of race, creed, religion, color, sex, age, national origin, or disability, and that legitimate and reasonable access to facilities shall be available to all. This principle particularly applies to the admission of students in all programs of the College in their academic pursuits. It is also applicable in extracurricular activities, all student development services, employment of students by the College, and employment of faculty and non-instructional staff. Therefore, the College is in compliance with Titles VI and VII of the Civil Rights Act of 1964, as amended; the Civil Rights Act of 1991: Executive Order 11246, as amended; Title IX of the Educational Amendments of 1972; Section 504 of the Rehabilitation Act; and the Americans with Disabilities Act of 1990. The College is an Affirmative Action/Equal Employment and Educational Opportunity Institution. If you require reasonable accommodations under ADA, please let us know.



Enterprise State Community College

Enterprise · Ozark · Andalusia · Mobile



Statement of Eligibility for Dual Enrollment for Dual Credit Students

Your acceptance to the Dual Enrollment for Dual Credit program at Enterprise State Community College will be official only upon receipt of this form, completed and signed by the counselor of your local school, and a completed Application for Admission for Dual Enrollment for Dual Credit.

This section is to be completed by the student. The student and parent must also sign the Authorization for Release of Records statement at the bottom of the form.

Type of Dual Enrollment courses: Academic Technical Program of Study_____

Social Security Number_____

Name_____

| | | |
|-----------|------------|-------------|
| Last Name | First Name | Middle Name |
|-----------|------------|-------------|

Address_____

| | |
|------------|-----|
| City/State | Zip |
|------------|-----|

Parent/Legal Guardian Name (please print)_____

This Section to be Completed by High School Counselor:

This student is enrolled in the 10th 11th 12th grade at_____ High School. Student has a minimum cumulative GPA of 2.5 (*unweighted*). I hereby recommend that this student be admitted to the Dual Enrollment for Dual Credit program at Enterprise State Community College. **(Transcript must be attached for all students. Career Technical students must also attach KUDER assessment and four-year college plan)**

| Please list College course(s) student is approved to take during the current semester/term. | Fall Semester | Spring Semester | Summer Term |
|---|---------------|-----------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |

Counselor's Signature _____ Date _____

Authorization for Release of Records

According to the Family Educational Rights and Privacy Act of 1974 (FERPA), all rights of access to students' educational records transfers from the parent(s) to the student when the students become 18 years of age OR are enrolled in an institution of postsecondary education. In order to comply with the requirements of FERPA, Enterprise State Community College shall obtain written consent from students before disclosing any personally identifiable information from his/her educational records.

As a participant of the Dual Enrollment for Dual Credit program, I understand that it is the responsibility of Enterprise State Community College to release my grades to my high school and/or secondary educational entity. My signature below authorizes the College to release the information noted in this section.

Student's Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

| | |
|-----------------------------|------------|
| For College Use Only | |
| Verified by _____ | Date _____ |
| Approved by _____ | Date _____ |

THE ALABAMA COMMUNITY COLLEGE SYSTEM
CERTIFICATION OF ELIGIBILITY FOR IN-STATE RESIDENCY

Printed Full Name _____ SSN (required) _____

Street Address _____ City _____ State _____ Zip _____

County _____ Home/Cell Phone _____

In order to be eligible for in-state tuition, you **MUST** complete this form and fall into **ONE** or more of the following categories:

I. I certify that I am a resident of the State of Alabama: Yes No If you check no, see the section below.

I (or my non-estranged spouse) have lived in the State of Alabama for at least 12 months immediately preceding my application for admission.

I am a dependent student and my parent/legal guardian has lived in the State of Alabama for at least 12 months.

II. I checked NO to statement above, but am still eligible for in-state tuition because the following:

I (or my supporting spouse or parent) am a member of the United States Military on full-time active duty and is stationed in under orders for duties other than attending school.

I (or my supporting spouse or parent) is an accredited member of a consular staff assigned to duties in Alabama.

I (or my supporting spouse or parent) have full-time employment in Alabama and will start said employment within 90 days of my registration.

I (or my spouse) am a full-time permanent employee of this institution.

I reside in a county of a state which is within the 50-mile radius of the designated campus of this institution.

| | | | | | | |
|--------------------------|-----------------------------------|-------------------------------------|-----------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Enterprise/Ft Rucker: FL | <input type="checkbox"/> Jackson | <input type="checkbox"/> Holmes | <input type="checkbox"/> Okaloosa | <input type="checkbox"/> Walton | <input type="checkbox"/> Washington | <input type="checkbox"/> Early (GA) |
| Ozark: GA | <input type="checkbox"/> Early | <input type="checkbox"/> Clay | <input type="checkbox"/> Miller | <input type="checkbox"/> Quitman | <input type="checkbox"/> Randolph | <input type="checkbox"/> Seminole |
| Ozark: FL | <input type="checkbox"/> Holmes | <input type="checkbox"/> Jackson | <input type="checkbox"/> Walton | <input type="checkbox"/> Washington | | |
| Mobile: MS | <input type="checkbox"/> George | <input type="checkbox"/> Green | <input type="checkbox"/> Harrison | <input type="checkbox"/> Jackson | <input type="checkbox"/> Stone | <input type="checkbox"/> Perry |
| Mobile: FL | <input type="checkbox"/> Escambia | <input type="checkbox"/> Santa Rosa | | | | |

III. I am NOT a resident of the State of Alabama.

I would like to complete an Application for In-State Residency and provide supporting documentation that I have more substantial connections with the state of Alabama than with any other state.

I do not meet the guidelines for Alabama resident tuition. I am aware that I can request that my residency status be changed once I have met the requirements.

I understand that I may be asked to provide documentation to **ENTERPRISE STATE COMMUNITY COLLEGE**. I agree to notify the college if there are any changes in the information submitted with this form. I understand that an out-of-state student cannot attain resident student status simply by attending school for 12 months in the State of Alabama.

I certify that the statements on this form as well as the Application for Admission that was submitted online are true and complete to the best of my knowledge. I understand that falsification of information could result in dismissal or other disciplinary action. By signing below, I certify that I understand and will comply with all statements listed above and all college policies.

Signature _____ Date: _____