



JONES COUNTY HIGH SCHOOL

College and Career Academy

DUAL ENROLLMENT

PARTICIPATION AGREEMENT

College : _____

Term: _____

Date emailed to college: _____

Logged onto DE sheet: _____

Eligibility: (accuplacer, SAT, ACT) _____

Office Use Only

Name of Student: _____ Current grade level _____

Your email address: (not your JC email) _____

Date of birth: _____ Graduation Year: _____

I have applied or plan to apply as a Dual Enrollment student to the following:

_____ **GMC** _____ **CGTC** _____ **MGSU** _____ **GCSU** _____ (_____)

This DE participation agreement covers:

_____ **FALL** quarter/semester of _____ year _____ **WINTER** quarter/semester of _____ year

_____ **SPRING** quarter/semester of _____ year _____ **SUMMER** quarter/semester of _____ year

Course Name and Course #	CRN#	Time Course is scheduled

I agree with the course requests above:

Counselor's signature: _____ Date: _____