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**Dual Credit Enrollment Recommendation**

**High School:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fall 🞏 Spring 🞏**

**Student’s Name:** **Year**:

*(As it appears on Social Security Card)*

**SS#:** **Date of Birth:**

I certify the above-named person:

1. Have earned 14 core Carnegie units prior to the requested enrollment date **OR** has a 30 ACT composite.
2. Has maintained a minimum overall 3.0 GPA on a 4.0 scale.
3. Has my unconditional recommendation that this student is academically prepared and has the maturity and self-discipline required to benefit from this program.

**X**

Signature of High School Administrator, Counselor and/or Designee Date

**X**

Signature of Student Date

I authorize the Registrar’s Office at Itawamba Community College to send grades earned during my Dual Credit enrollment at midterm and the end of each semester. I understand the final grades will show on my official ICC transcript.

I understand that if I do not earn a ‘C’ or better or if I withdraw from the course, I am not eligible for the discounted rate of tuition. Students who begin the course and decide to withdraw will receive a grade of ‘W’ and this grade will be on the student’s ICC transcript.

*Itawamba Community College does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs and activities. The following person has been designated to handle inquiries regarding the nondiscrimination policies: Dean of Students, 602 West Hill Street, Fulton, MS 38843, 662.862.8271,* [*TitleIXCoordinator@iccms.edu*](mailto:TitleIXCoordinator@iccms.edu)*.*