

Dual Credit Request Form

Instructions: Please fill out this form completely and return it to the Admissions Office, admissions@warner.edu, no fewer than five days prior to the start of the start of the semester. This form must be completed each semester of dual enrollment. Please attach a high school transcript and one of the following: ACT, SAT, or PERT score report

| Student Name | | | |
|---|------------------------|----------------------------|--|
| | ast | First | Middle |
| | | | egistrar at Warner University to determine |
| | | | ade point average and entry-test assessments. |
| Students who enroll in college course through dual enrollment must have completed six high school credits, have a 3.00 unweighted | | | |
| | | | ual enrollment courses, and demonstrate readiness |
| for college coursework through e | stablished scores on a | common placement test. | |
| Request Courses | | | |
| Term: Fall/Spring/Summer | Course Title | | Session: A, B, or Campus |
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| Parent Agreement | | | |
| | rd Spansarad Stud | ont | |
| ☐ Polk County School Boa | ru sponsoreu stuu | ent | eften erneful erneidenstien |
| I, the parent or guardian of after careful consideration | | | |
| believe that it is in the best interest of my son/daughter to apply for dual enrollment at Warner University. I understand that the Polk County School Board agrees to pay an overhead service fee of \$71.98 per credit hour per student and provide access to all | | | |
| | | | |
| required textbooks through the Slingshot book rental program at Warner University. Because the textbooks are a loan, I | | | |
| • | | | ne textbook or textbooks are not returned by the |
| student, then it will be the st | udent's responsibility | to pay for the book purcha | ise fee. |
| Charter, Private, or Hon | ne-Education Enro | lled Student | |
| I, the parent or guardian of | | | after careful consideration, |
| believe that it is in the best interest of my son/daughter to apply for dual enrollment at Warner University. I agree to pa | | | ollment at Warner University. I agree to pay \$71.98 |
| per credit hour. I understand that I am responsible for fees, textbooks, and materials needed for the course(s). | | | |
| | | | |
| Parent/Legal Guardian SignatureDate | | | Date |
| | | | |
| Printed Name: | | | |
| | | | |
| High School Guidance | Counselor/Prin | cipal Approval | |
| The above-named student is be | ing approved for dual | enrollment at Warner Univ | versity. Course(s) to be taken at Warner University |
| will be used to be meet high sch | iool graduation requir | ements. | |
| | | | |
| Signature:Date: | | | Date: |
| | | | |
| Printed: | | Title: | |
| | | | |
| Anticipated High School Graduation Date:Send WU Transcript to: | | | Transcript to: |
| High Cohool Names Q Address | | | |
| High School Name & Address: | | | |