

Winthrop University Dual Enrollment Program

Permission and Verification Form

(required each semester)

http://www2.winthrop.edu/rex/rex/dual_enrollment.html

Directions for the dual enrollment student:

1. Complete Part A.
2. Give the form to your parent or guardian to complete Part B.
3. Give the form to your guidance counselor or governing home school authority to complete Part C.
4. Scan and upload the form to your Winthrop portal at <https://apply.winthrop.edu>.

PART A. To be completed by the Dual Enrollment Student

Social Security Number: _____

Legal Name (Last, First, Middle): _____

Street Address (do not use PO Box): _____

City/State/Zip Code: _____

I understand that I will be participating in the Dual Enrollment program at Winthrop University and am held accountable to the same standards as full time Winthrop students as outlined in the student handbook at

<http://www.winthrop.edu/studentconduct/>.

Student Signature: _____ Date: _____

PART B. To be completed by the Dual Enrollment Student's Parent or Guardian

I understand that Winthrop University is an adult learning environment and that courses, assignments, readings, etc. may include controversial topics. As a parent/guardian, I have read and understand the academic, financial and procedural obligations (found on the program website) of the program and approve participation by the student named in Part A.

Parent Name (print): _____ Relation: _____

Parent Signature: _____ Date: _____

PART C: To be completed by the High School Guidance Counselor or Home School Authority

The student named in Part A is applying (or re-applying) for the Dual Enrollment Program at Winthrop University, which requires confirmation of high school GPA and standardized test scores. Please provide the information requested below and *return the form to the student for uploading to their Winthrop portal.*

1 The student's standing is commensurate with (check one): rising junior rising senior

2 The student's weighted cumulative GPA is _____

3 Standardized test score information (*only required for initial applicants*):

PSAT/SAT -Test date: _____ (mmddyyyy) **PreACT/ACT - Test Date:** _____ (mmddyyyy)

Evidenced Based Reading and Writing score: _____ Composite score: _____

Reading score: _____

Math score: _____

Name of school official (print): _____ Title: _____

Email address: _____

Signature of school official: _____ Date: _____

Name of school: _____ Telephone: _____