

# Point University

## DUAL CREDIT ENROLLMENT FORM

### Admission Office

507 West 10<sup>th</sup> Street  
West Point, GA 31833  
706-385-1000 | [www.point.edu](http://www.point.edu)

### Enrollment Information

Semester:  Fall  Spring      Year: 20\_\_

Course: \_\_\_\_\_ Days: \_\_\_\_\_ Time: \_\_\_\_\_

Course: \_\_\_\_\_ Days: \_\_\_\_\_ Time: \_\_\_\_\_

Course: \_\_\_\_\_ Days: \_\_\_\_\_ Time: \_\_\_\_\_

Course: \_\_\_\_\_ Days: \_\_\_\_\_ Time: \_\_\_\_\_

### Demographic Information

Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

### Parent/Guardian Agreement

I give my son or daughter permission to participate in the dual credit enrollment program at Point University. I believe that it is in the best interest of my son or daughter to participate in the program; therefore, I agree to cooperate fully with my son or daughter, the University, and the high school. I understand that the University is not responsible for any injury my son or daughter incurs from attending or participating in any University-sponsored programs or activities.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

### Student Agreement

I give my permission to Point University to send my high school an official Point transcript at the end of each semester.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

### High School Agreement

Grade Level: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_ ACT or SAT Score: \_\_\_\_\_

High School Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

I recommend this student to participate in the dual credit enrollment program at Point University. I understand the conditions of admission to the dual credit enrollment program as listed in the University

catalog, and I certify that the student is qualified for participation. I also agree to provide Point University with an official high school transcript after high school graduation showing the high school graduation date.

---

Signature of High School Principal or Guidance Counselor

Date

*Send this form, along with a completed application for admission, to the Admission Office at Point University.*