Point University

Dual Credit Enrollment
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Cheat Sheet

GPA Recommended: 3.0    SAT Recommended: 970    ACT Recommended: 20

Accel Program: As a Georgia resident students can apply for Accel funding by submitting an application to the Georgia Finance Commission at www.gacollege411.org. Students may use Accel funds for a maximum of four semesters, regardless of the number of credits earned during that time. It is important that any student participating in dual credit enrollment work with his or her high school counselor when deciding which classes to take, as Accel funds can only be used toward approved classes. A course directory is available at www.gacollege411.com.

Tuition Rate: Point University offers a reduced rate of $165 per credit hour for students participating in the dual credit enrollment program.

Application Process: To apply for dual credit enrollment at Point University, submit all of the required documents listed on the application checklist included in this packet. When the items necessary to establish admission are received, the student’s application is evaluated and the student is notified of the Admission Committee’s decision. We encourage you to begin and complete the admissions process as soon as possible.

Benefits of dual credit enrollment: There are many advantages of participating in the dual credit enrollment program at Point, such as flexibility of schedule; easy transition from high school to college; availability of financial aid for those who qualify; shortened time until graduation; and the opportunity to learn in a Christian environment.

Learn more about Point’s dual credit enrollment program by visiting point.edu/dual-credit-enrollment.

Visit point.edu for more information about Point University’s exciting future!
Dual Credit Enrollment Application Checklist

_____ Application Form

Complete and return the application for admission online at point.edu/apply.

_____ Official Transcripts

Send an official high school transcript, or its equivalent, to Point University. Since you are still in high school, submit a transcript with your grades and credits thus far. Point University must have an official high school transcript reflecting all completed coursework prior to enrollment. Point will also need any transcripts from any previously attended university, dual credit enrollment program, post-secondary school or credit-by-examination testing (e.g. CLEP or AP)

_____ Dual Credit Enrollment Form

Send this form to Point University once completed and signed by you, a parent or guardian, and your high school counselor.

_____ Test Scores

Take the SAT-I and/or the ACT and request that an official report be sent to Point University (Point’s code for the SAT-I is 5029; for the ACT, the code is 0785). (Optional for high school juniors and seniors with sufficient GPA and not required for online students.)

_____ Personal/Spiritual Reference Form

Reference form must be completed by the student.

Submit all materials to:

Point University
Admission Office
507 West 10th Street
West Point, GA 31833
Phone: (706) 385-1202
Fax: (706) 645-9473
Applicant’s Last Name: ____________________ First Name: ___________ Middle Initial: ___
Mailing Address: ________________________________________________________________
City: ______________________________ State: ______ ZIP Code: _____________
Email Address: _________________________ Phone Number: _______________________

How would you describe your spiritual beliefs?
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Is your family supportive of your spiritual beliefs?    Yes    No    Please explain:
_________________________________________________________________
_________________________________________________________________

Is your family supportive of your intention to attend a Christian University?    Yes    No
Please explain:
_________________________________________________________________
_________________________________________________________________

Are you engaged in a local church or place of worship?    Yes    No

In what ways are you engaged in a church or place of worship?
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Please list the name and address of the church or place of worship in which you have recently
been engaged the most.
Name: ____________________________________________________________
Address: __________________________________________________________
City: ______________________________ State: ______ ZIP Code: _____________

What does spiritual growth mean to you?
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

_________________________________________________________________
Are you open to personal spiritual growth and development in Jesus Christ?  Yes  No

What goal(s) do you have for your personal spiritual growth as a student at a Christian University?
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
__________________________________ ________________________________

I, _____________________________ hereby understand that what a person believes must have an immediate impact on how he/she behaves in every aspect of life, either on or off campus.

Signature: ___________________________ Date:__________

Please list a person whom we may contact who can serve as a reference to your spiritual development, moral character and social development. This person must be a non-family member and must hold a spiritual leadership role in your life.

First Name: _____________________ Last Name: __________________________
Address: __________________________ State: ________ Zip: __________
City: ____________________________ State: ________ Cell Phone: __________
Home Phone: ______________________ Email: _______________________

Spiritual Leadership Role: ____________________________________________
Church/Place of Worship/Other: ________________________________________
DUAL CREDIT ENROLLMENT FORM

Admission Office
507 West 10th Street
West Point, GA 31833
706-385-1000 | 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.