



Banner ID #

DUAL ENROLLMENT STUDENT DATA FORM

☐ New ☐ Returning Student	☐ Fall ☐ Spring	☐ Summer	Year	
SSN	Date of Birth			
GPA ACT Score	Plan ACT			
First Name	Middle	La	ast	
Street Address			A	partment #
City	Cour	ty	State	ZIP
Telephone Number ()		Parent/Guardian Telephone	()	
Gender 🗖 Male 📮 Female	E-mail address			
I am currently a	☐ Sophomore ☐ Junior	☐ Senior Anticipated	Graduation Year	
High school				
Have you previously participated in a	a Southwest Tennessee Comm	unity College Dual Enrollmen	t Program? 📮 🧏	Yes 🖵 No
Have you been or are you currently e	nrolled in a Dual Enrollment	Program at another institution?	Yes 🗆 1	No
If so, where?				
Community College Dual Enrollmen Counselor signature	· ·		Date _	
Principal signature			Date _	
Student: I authorize Southwest Tenno official high school transcript to Sout to my academic record while I am en	hwest. In addition, I authorize	Southwest to furnish my high		
Student signature			Date _	
Parent/Legal guardian: I have read in Southwest Tennessee Community for any and all personal matters such	College courses as a Dual Enr	application. I hereby grant appollment student while still enro	proval for my sor olled in high scho	n/daughter/legal ward to enroll ool. I accept full responsibility
Parent signature		Date		
	DESIR	ED COURSE(S)		
Name of course		CRN#		Section #
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Please return this form to: Southwest Tennessee Community College
Dual Enrollment Office • 5983 Macon Cov

Dual Enrollment Office • 5983 Macon Cove • Farris Building, FA 2100 Memphis, TN 38134 • Phone: (901) 333-4298 • Fax: (901) 333-4380