



ANDERSON[®] UNIVERSITY

Office of Admission

Dual Enrollment Permission Form

Term (*pick one*) Fall Spring Year _____

- Check if classes will count for dual credit toward high school degree.
**By taking dual enrollment, the student intends to satisfy high school requirements.*

Expected Graduation Year _____

I give permission for _____ (*student name*) to take Dual Enrollment courses at Anderson University while still enrolled at _____ (*High School or Home School Association*). It is my belief that this student is ready for college level work.

Signature of High School Administrator

Date

OR

Signature of Home School Teacher

Date