



Piedmont Virginia Community College Dual Enrollment Permission Form

Students must complete this form with parent(s) or legal guardian(s) signature and submit it to your high school dual enrollment instructor or high school counselor.

Last Name: _____ First Name: _____ MI: _____

High School: _____ Current Grade: _____

Student's Birthdate: _____ PVCC Student ID#: _____

As a dual enrollment student, I understand that dual enrollment classes are college courses offered by PVCC at a high school facility. I am aware that the grade(s) I earn in dual enrollment classes will be part of my permanent college record and could therefore affect my college standing and eligibility for financial aid or guaranteed admissions agreements.

Signature of the Student: _____

Date: _____

As a parent/guardian of the student named above, I agree to his/her enrollment in Piedmont Virginia Community College Dual Enrollment classes (see above). I understand that these classes are located at either the high school (dual enrollment) or possibly on the campus of PVCC (dual credit). It is understood that the high school may reserve the right to seek reimbursement from me for the cost incurred for any coursework not successfully completed. This includes failure of a class or withdrawal from any course without the written permission of the high school. Any material, such as textbooks or computer software, purchased with school funds must be returned to the high school at the end of the class. I also understand that it is required that the student named above will request PVCC to send a copy of his/her transcript at the end of each semester to the high school for any classes taken on the campus of PVCC or taught virtually by a PVCC instructor.

Signature of the Parent/Legal Guardian: _____

Date: _____

More information about PVCC Dual Enrollment can be found at: www.pvcc.edu/high-school-dual-enrollment

Contact Information:

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