

Warren County Schools  
 109 Cousin Lucy's Lane  
 P.O. Box 110  
 Warrenton, NC 27589  
 252-257-3184

Administrative Form - Policy 3101  
 Joint Enrollment for College Credit

Application for Joint Enrollment

Joint Enrollment may be considered for students who wish to take courses at the community college for high school and college credit. In order to qualify, a student must be enrolled full-time at a high school in the district and demonstrate ability to complete required coursework for graduation. This form must be completed and approved prior to enrolling in the course(s).

1. Student's Name: \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_
3. Year of Entry in 9<sup>th</sup> Grade: \_\_\_\_\_ Current Grade Placement: \_\_\_\_\_
4. Current Units of Credit: \_\_\_\_\_ Units Required for Graduation: \_\_\_\_\_
5. Joint Enrollment Courses Taken Previously: \_\_\_\_\_  
\_\_\_\_\_
6. Attach a Copy of the Student's Transcript
7. Reason for Requesting Joint Enrollment: \_\_\_\_\_  
\_\_\_\_\_
8. Proposed Course: \_\_\_\_\_
9. Length of Course: \_\_\_\_\_ Total Hours of Instruction: \_\_\_\_\_
10. Institution: \_\_\_\_\_
11. If early release is being requested, what time does the student wish to leave school? \_\_\_\_\_
12. Current Schedule:

First Semester	Second Semester

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent's Signature Indicating Approval of Request: \_\_\_\_\_  
 Date: \_\_\_\_\_