



Student Name: _____ **Date of Birth:** _____

Personal Email Address: _____ **Current High School:** _____

DUAL ENROLLMENT COURSE REQUEST FORM

For a list of Dual Enrollment courses offered, consult your high school counselor. For concurrent courses, consult the Lander University Course Catalog and course list at www.lander.edu/catalog. Please note that request for concurrent courses must be approved through the University before a student will be enrolled in the course.

Semester of Enrollment:		Check Desired Course Method	
Course Abbreviation / Title	Course Number (CRN)	Online	Traditional (On-Campus)

AGREEMENTS AND PERMISSION

Please read the following statement carefully and sign the designated line. If any signature is missing, the student will not be accepted into Dual Enrollment courses at Lander University until all signatures have been collected.

We are requesting permission for this student to pursue Dual/Concurrent Enrollment at Lander University.

- The grade earned in these courses will become part of both this student's high school and college transcripts.
- The student is required to buy textbooks and supplies for these courses, as well as meet all deadlines for registration and tuition payment.
- The student gives the high school permission to release test scores, transcripts, and immunization records to Lander University.
- The student gives Lander University permission to share information with the high school and the student's guardian while the student is enrolled in Dual Enrollment.

To the best of my knowledge, all the aforementioned information is true and complete.

Student Signature

Parent/Guardian Signature

High School Counselor Name (Print)/Signature

Date

Questions? Contact Office of Dual Enrollment at (864) 388-8802 or email kchitwood@lander.edu

January 2024