



J. SARGEANT REYNOLDS COMMUNITY COLLEGE DUAL ENROLLMENT COURSE REQUEST

Students complete this form with your Parent (s) or Legal Guardian(s), and submit it to your High School Counselor.

Name of High School: _____ **Grade:** _____

Student's SSN: _____ **JSR Student ID: (if known)** _____

Last Name
First Name
Full Middle
Jr.,3rd

Requested Courses					LOCATION		TERM	
Class Subject	Catalog Number	Section Number	Class ID Number	Class Title	H. S. Site	JSRCC	Fall 20__	Spring 20__

SIGNATURE OF STUDENT: _____ **DATE:** _____

↓ **HIGH SCHOOL COUNSELOR COMPLETES THIS SECTION** ↓

Please waive the COMPASS Placement Test based on test scores: (Minimum required scores: SAT - Reading 500 & Writing 500, PSAT - Reading 52 & Writing 52, ACT—English 19 & Reading 20)

SAT Reading/Writing: _____ / _____ **Date:** _____ **PSAT Reading/Writing:** _____ / _____ **Date:** _____

ACT English: _____ **ACT Reading:** _____ **Date:** _____

Please waive the COMPASS Placement Test based on test scores: (Minimum Required scores: SAT—500; PSAT—52)

SAT Math: _____ **Date:** _____ **PSAT Math:** _____ **Date:** _____

Student's High School GPA: _____

This student has the approval of our high school to enroll in Dual Enrollment classes and will receive credit toward high school graduation upon successful completion of each class. This student wishes to take the listed classes at the campus(es) designated above. He or she has met the minimum prerequisites as outlined in the JSRCC College Catalog. **(Please submit a copy of the student's transcript including applicable test scores.)**

SIGNATURE OF SCHOOL COUNSELOR: _____ **DATE:** _____

FOR JSRCC OFFICE USE:

App on File: YES NO Residency: IS OS Term Admitted: _____

Compass Waiver: TESTING 23 — College Algebra Test Waived (Level 4)
 TESTING 25 — Reading Test Waived
 TESTING 26 — Writing Test Waived

Compass Placement ENG: _____ MTH: _____