

Dual-Credit Enrollment Application

The University of Tennessee at Martin

Part I - Student Information *To be completed by student before course begins.

Will you use the Tennessee dual-credit grant for your UT Martin course? Yes No

Last Name				First	MI	Preferred Name		Social Security Number					
Street Address								E-mail Address					
City			State		Zip Code		Birth Date		Race:				
County				Home Phone Number				Citizenship: <input type="checkbox"/> U. S. Citizen <input type="checkbox"/> Non-Citizen <input type="checkbox"/> Resident Alien*					
Parent/Guardian Name								Last		First	Middle		
Street Address								My signature authorizes UT Martin and my high school to exchange transcripts.		Student signature		Date	
City													
Gender (circle one) M F		(To check grades) Ex: What is your mother's maiden name? Personal Security Question: _____						Answer: _____					

Part II - Course Information

*To be completed **and signed** before course begins.

(1) High School Subject - Course 1		(2) High School Course Code		(3) Course Request No. (CRN)		(4) Subject		(5) Sec. No.	
(1) High School Subject - Course 2		(2) High School Course Code		(3) Course Request No. (CRN)		(4) Subject		(5) Sec. No.	
(6) Dual-Credit Course Instructor's Name (if known) - Course 1					(6) Dual-Credit Course Instructor's Name (if known) - Course 2				
(7) High School Name					(8) Date of TN Residency (Month, Day and Year)				
(9) Have you been convicted of committing a felony involving a controlled substance or dangerous drug? Please circle one choice: No Yes; if yes, please give date of conviction / /							(10) Cumulative College GPA		
Student: I understand that failure to apply and enroll at an eligible post-secondary institution will void the processing of the application to participate in the Dual Enrollment Grant program. I understand that the application shall be properly completed each semester in order to qualify. I understand that the grant shall be utilized for courses I complete that count toward high school graduation requirements and hours of post-secondary credit. I also understand that if I withdraw from the eligible postsecondary institution, I will be asked to pay the postsecondary institution for the courses, less any refund warranted by the postsecondary institution's refund policy.							(11) Semester (circle one) Fall Spring Summer School Year:		
Student's Signature					Date				
Parent's or Guardian's Signature					Date				

The University of Tennessee at Martin
Office of Extended Campus and Continuing Education
2468 Technology Center Drive, Room 110
Jackson, TN 38301
Phone: 731-425-9277
Toll Free: 1-888-UTM-GRAD
Fax: 731-425-7901
E-mail: ecce@utm.edu

Part III - Tuition Payment

Maintenance Fee (tuition): \$ _____ **To Defer Payment:**
 - Fee Waiver/Discount* \$ _____ Total Due _____/2 = \$ _____
 Total Due: \$ _____ Defer Fee Charge + \$ 25
 *Attach a signed and completed fee waiver/discount form Total Due Now = \$ _____

Method of Payment

Check# _____ Check Amount \$ _____ Cash _____
 Credit Card: Visa MasterCard Discover Name on Card: _____
 Card Number: _____ Expiration Date: _____

Deferred Payment Schedule
 Final Payment _____
 Due Date _____
 \$25 late fee if payment not received by due date

Dual-Credit Enrollment Application

The University of Tennessee at Martin



Continued

Part IV - High School Principal or School Counselor

**To be completed and signed by the school principal or school counselor at the high school.*

It is the student's responsibility to get this form to the principal or counselor.

Student's Name	Name of High School
Student's Social Security Number	

Student's Grade Level Completed	<input type="checkbox"/> 10th	<input type="checkbox"/> 11th	Anticipated Graduation Year:
---------------------------------	-------------------------------	-------------------------------	------------------------------

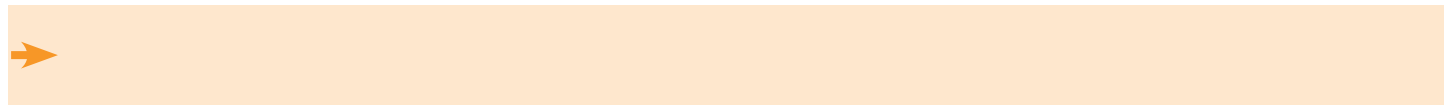
Student's Highest Composite Score: ACT _____ Date _____; or, SAT I _____ Date _____

Student's Unweighted GPA: _____ on a 4.0 scale
--

If the student successfully completes the following postsecondary courses, this credit will also satisfy the high school graduation requirements as specified:

Postsecondary Institution Course Credit				High School Requirements
Course Name	Course Number	Credit Hours	Semester/Year	High School Graduation Requirement

Principal or Counselor: I certify that the information reported in this application is accurate to the best of my knowledge. I authorize the postsecondary institution to exchange pertinent information deemed necessary to establish dual enrollment participation and for the Tennessee Student Assistance Corporation to properly administer the TN Dual Enrollment Grant program. I understand that false information provided in this application will result in award forfeiture or a refund and/or dismissal to participate in the Dual Enrollment Grant program.



High School Counselor's or Principal's Signature

Print Name Above

Date Signed