



Dual Enrollment, P.O. Box 668, Moorhead, MS 38761  
 Phone: 662.246.6399 ♦ Fax: 662.246.6363

♦ Email: decoordinator@msdelta.edu, Academic Coordinator; hlang@msdelta.edu, CTE Coordinator

### Dual Enrollment Counselor Verification Form

Fall \_\_\_\_\_ JR \_\_\_\_\_ Soph (CTE only) \_\_\_\_\_ New Dual Enrollment Student \_\_\_\_\_  
 Spring \_\_\_\_\_ SR \_\_\_\_\_ Other \_\_\_\_\_ Returning Dual Enrollment \_\_\_\_\_  
 High School: \_\_\_\_\_ GPA: \_\_\_\_\_  
 Student's Name: \_\_\_\_\_ DOB: \_\_\_\_-\_\_\_\_-\_\_\_\_\_  
 Student Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 MDCC Student ID: \_\_\_\_\_ SSN: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- Carnegie Units: \_\_\_\_\_ ACT Composite: \_\_\_\_\_  
 Student Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### CRITERIA FOR DUAL ENROLLMENT

| Academic Classes   | CTE Classes  |
|--|--|
| 1. Fourteen (14) core High School units<br>2. Minimum grade point average of 3.0 on a 4.0 scale<br>3. Recommendation by the high school principal and/or guidance counselor<br>4. ACT sub-score of 17 in English to qualify for English Comp I (ENG 1113)<br>5. ACT sub-score of 19 in Mathematics to qualify for College Algebra (MAT 1313) | 1. Minimum grade point average of 2.0 on a 4.0 scale<br>2. Student must be a sophomore, junior or senior<br>3. Recommendation by the high school principal and/or guidance counselor<br><br><div style="background-color: black; color: white; padding: 5px;"> <b>NOTE: Students must meet these requirements for EACH year in which they are enrolled for dual enrollment whether Academic or CTE.</b> </div> |

**\*\*\*High School counselors MUST send an official transcript, which includes a graduation date, to MDCC to release the college transcript.**

#### COURSE INFORMATION

| COURSE AND SECTION | COURSE TITLE | CREDIT HOURS | LOCATION              | INSTRUCTOR |
|--------------------|--------------|--------------|-----------------------|------------|
| EXA 1234-12        | Example      | 3            | Your School or Online | Name       |
|                    |              |              |                       |            |
|                    |              |              |                       |            |
|                    |              |              |                       |            |

**\* Students can take up to 7 hours per semester including Academic and CTE courses combined.**

#### THE FOLLOWING DOCUMENTS ARE REQUIRED FOR ADMISSION AND MUST BE SUBMITTED FOR THE STUDENT TO BE ENROLLED:

1. An official high school transcript (GPA calculated and initialed if not provided)
2. A completed Dual Enrollment Verification Form
3. A completed Application for Admission
4. ACT scores if a student has requested College Algebra or English Comp.
5. FERPA Form

**Certification Statement by School:** By my signature, I certify that the student named on this document meets the eligibility criteria for dual enrollment at MDCC. I understand that it is the responsibility of the high school to award appropriate Carnegie units toward graduation and to submit a completed high school transcript, which includes a graduation date, to MDCC in order for MDCC to release the college transcript. This letter is submitted to fulfill the written recommendation requirement.

\_\_\_\_\_  
 Printed Name of High School Counselor or other Authorized Personnel

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Signature of High School Counselor or other Authorized Personnel

\_\_\_\_\_  
 Date

Submit completed applications to: MDCC Dual Enrollment Coordinator, P.O. Box 668, Moorhead, MS 38761.

#### Notice of Non-Discrimination Statement

Mississippi Delta Community College does not discriminate on the basis of age, race, color, national origin, religion, sex, sexual orientation, gender identity or expression, physical or mental disability, pregnancy, or veteran status in its educational programs and activities or in its employment practices. The following person has been designated to handle inquiries regarding the non-discrimination policies: Dr. Steven Jones, Vice President of Administrative and Student Services, Stauffer-Wood Administration Building, Suite 119, Office 123, P. O. Box 668, Moorhead, MS 38761, 662-246-6304; EEOC@msdelta.edu.



P.O. Box 668  
Moorhead, MS 38761  
(662) 246-6306

**Approval – Parent or Guardian**

- I certify that I am the parent or guardian of the student listed on this form, and that he/she has my permission to enroll in the Dual Enrollment Program at Mississippi Delta Community College.
- I am aware that an authorized representative of this student’s school/district **must** submit the Counselor Verification form to ensure that the student meets eligibility requirements for dual enrollment.
- I am aware that an authorized representative of this student’s school/district **must** submit the Statement of Financial Responsibility stating what dual enrollment/state testing fees that they will pay for.
  - I am aware that if the school/district is **not** responsible for paying dual enrollment/state testing fees, schools **must** notify parents(s)/guardian(s) of their responsibility to pay all costs.
  - I certify that if the school/district is not responsible for paying dual enrollment/state testing fees, **that I have been notified of my responsibility to pay all costs.**
- I also understand that FERPA regulations apply and my child must submit an Authorization to Disclose Academic Information To Parents form through the Admissions Office in order for me to access his/her educational records.

\_\_\_\_\_  
Printed Name - Parent or Guardian

\_\_\_\_\_  
Signature – Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Email Address

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**Authorization to Disclose Academic Information To Parents**

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The Family Education Rights and Privacy Act (FERPA) regulations were revised and republished on November 21, 1996. FERPA set out requirements designed to afford parents and students rights with respect to student educational records. In addition, it puts limits on what information Mississippi Delta Community College can disclose without having received prior consent.

In accordance with the Family Rights and Privacy Act, the undersigned student hereby permits Mississippi Delta Community College to disclose information to his/her parent(s)/legal guardian(s) as listed on this request to enable them to follow the student’s progress. This consent shall be valid throughout the student’s enrollment, but may be modified or rescinded in writing by the student. Any interruption in the student’s enrollment (withdrawal or termination) will void this authorization; however, a new waiver form may be completed by the student should he/she reenroll. Information provided to parent(s)/legal guardian(s) is for their use only and should not be disclosed to third parties without the student’s authorization.

*Note: Parent or legal guardians of dependent students may, at the college’s discretion, receive information concerning the student’s enrollment without a student waiver being required. As defined by FERPA, a student is considered dependent if the parent(s)/legal guardian(s) can claim the student as a dependent for income tax purposes.*

In accordance with FERPA, Mississippi Delta Community College will disclose to parents information from the educational records of a student provided Mississippi Delta Community College has the written consent of the student. Please sign below and return to the Office of the Admissions and Records if you consent for the College to release to your parents your educational records.

SSN/ID Number \_\_\_\_\_ Printed Name \_\_\_\_\_

Student signature \_\_\_\_\_ Date \_\_\_\_\_

PLEASE PRINT: Parent/Legal Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

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# Mississippi Delta Community College Dual Enrollment Program

## Statement of Financial Responsibility

High School Principals/Counselors, if your school or district is responsible for paying MDCC Dual Enrollment fees, inclusive access required course material fees, books, or State Testing tuition/fees, please provide the following information:

Name of High School/School District: \_\_\_\_\_

Billing Contact Name/Title: \_\_\_\_\_

Address: \_\_\_\_\_

(Street)

(City, State, Zip)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name and Signature of School/District Administrator who has the authority to agree to pay for MDCC Dual Enrollment program fees:

\_\_\_\_\_  
(Print Name/Title)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Please mark all items that your school/district is responsible for paying (prices are for 2021-2022 school year):

\_\_\_\_\_ Dual Enrollment Course Fees  
(\$135 per 3-hour course/\$180 per 4-hour course)

\_\_\_\_\_ State Testing Course Tuition/Fees  
(\$480 per 3-hour course)

\_\_\_\_\_ Books  
(Costs vary)

\_\_\_\_\_ Inclusive Access Required Course Material Fees  
(Costs vary)

NOTE: If the school/district is not responsible for paying dual enrollment/state testing fees, schools must notify parents of their responsibility to pay all costs. Dual enrolled and state testing students must complete the registration process by the last day to register for Fall (August 15, 2023) and Spring (January 9, 2024) semesters so invoices can be prepared and sent to all high schools/students in a timely manner. All accounts must be paid in full by the Fall deadline of October 16<sup>th</sup> and the Spring deadline of March 14<sup>th</sup> or holds will be applied to all unpaid student accounts. Students with holds, will not be able to receive grades, transcripts, or register for additional classes until their accounts are paid in full.

MDCC provides dual enrollment scholarships to cover the cost of tuition at the advertised cost per course, (the scholarship does not pay for dual enrollment fees, state testing course tuition/fees, books, or inclusive access fees) for qualified students. **Dual enrollment scholarships are only available for Fall and Spring semesters – NOT Summer semesters. Students that withdraw or cut out of their classes will lose their dual enrollment scholarship and be responsible for all tuition costs.**

I have been notified by my student's school district that I will be responsible for any fees, books, etc. I understand all conditions above and that payment will be my responsibility.

\_\_\_\_\_  
(Print Parent Name)

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

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