



# Galveston College

## Dual Credit/Early Enrollment Form

**OFFICIAL USE ONLY**

- TSI Ready Math
- TSI Ready Reading
- TSI Ready Writing

Student's Name \_\_\_\_\_

GC Student ID \_\_\_\_\_

Applying For \_\_\_\_\_  
Academic Year

Semester:  Fall  Spring  Summer I  Summer II

COLLEGE COURSE/ SECTION NUMBER	SEMESTER HOURS	EQUIVALENT H.S. COURSE(S)	CREDIT	TERM	GCC Grant	CTE Grant

**STUDENT ACKNOWLEDGEMENT:**

As a student, I have selected these courses for dual credit/early enrollment that have been approved by the local school district.

I have reviewed the admission requirements and transferability of courses taken at Galveston College with the college or university of my choice as applicable. I further understand that I may be required to submit proof of vaccination against Bacterial Meningitis, as required by Texas law.

Student's Signature \_\_\_\_\_

Phone Number \_\_\_\_\_

**PARENT/GUARDIAN ACKNOWLEDGEMENT:**

I, the undersigned parent/guardian of the student listed above, request that my child be permitted to enroll for the listed college course(s).

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

**ENDORSEMENT BY SCHOOL OFFICIAL:**

The student listed above is a student at \_\_\_\_\_ High School and is eligible to enroll for dual credit/early enrollment. I have reviewed the course(s) listed above to be taken at Galveston College and grant permission for the student to enroll at Galveston College.

Authorized School Official Name \_\_\_\_\_

Authorized School Official Signature \_\_\_\_\_

**Approval for Galveston College Dual Credit/Early Enrollment Program:**

Office of Admissions/Dual Credit Advisor \_\_\_\_\_

Date \_\_\_\_\_