



# Dual Enrollment Program Permission and Verification Form

(Required each semester) [gardner-webb.edu/dual-enrollment/](http://gardner-webb.edu/dual-enrollment/)

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## Directions for the dual enrollment student:

1. Complete Part A.
2. Give the form to your parent or guardian to complete Part B.
3. Give the form to your guidance counselor or governing home school authority to complete Part C.
4. Scan and upload the form to your Gardner-Webb portal at [admissions.gardner-webb.edu/account/](http://admissions.gardner-webb.edu/account/).

## **PART A. To be completed by the Dual Enrollment Student**

Date of Birth: \_\_\_\_\_ Anticipate High School Graduation Year (YYYY): \_\_\_\_\_

Legal Name (Last, First, Middle): \_\_\_\_\_

Street Address (Do not use P.O. Box): \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

I understand that I will be participating in the Dual Enrollment program at Gardner-Webb University and am held accountable to the applicable University policies and procedures, including, but not limited to, the applicable standards outlined in the Gardner-Webb University Student Handbook, available at [gardner-webb.edu/undergraduate-student-handbook/](http://gardner-webb.edu/undergraduate-student-handbook/).

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **PART B. To be completed by the Dual Enrollment Student's Parent or Guardian**

I understand that Gardner-Webb University is an adult learning environment and that courses, assignments, readings, etc. may include controversial topics. As a parent/guardian, I have read and understand the academic, financial and procedural obligations (found on the program website) of the program and approve participation by the student named in Part A.

Parent Name (print): \_\_\_\_\_ Relation: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **PART C. To be completed by Guidance Counselor of Governing Home School Authority**

Name of school official (print): \_\_\_\_\_ Title: \_\_\_\_\_

Email address: \_\_\_\_\_

Signature of school official: \_\_\_\_\_ Date: \_\_\_\_\_

Name of school: \_\_\_\_\_ Telephone: \_\_\_\_\_

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