



## DUAL ENROLLMENT PROGRAM INTENT TO RETURN

Please update your student information

Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
Street Number Street Name Apt. #

\_\_\_\_\_ City State ZIP County

Email \_\_\_\_\_ Phone \_\_\_\_\_

School \_\_\_\_\_ Student ID # \_\_\_\_\_

ACT Scores: Composite \_\_\_\_\_ English \_\_\_\_\_ Math \_\_\_\_\_ Science \_\_\_\_\_ Reading \_\_\_\_\_

SAT Scores: Total \_\_\_\_\_ Math \_\_\_\_\_ Evidence Based Reading \_\_\_\_\_

Have you taken the SAT?  Yes  No Composite SAT \_\_\_\_\_

Grade Level:  11th (Junior)  12th (Senior) Current Cumulative GPA \_\_\_\_\_

### CURRENT DUAL ENROLLMENT COURSE(S)

Name of Course(s)	Time	Days	Location

Will you return to Alabama State University next semester for dual enrollment?  Yes  No

If yes, please complete the bottom portion and return to your guidance counselor. If not, please state why.

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