
**Dual Enrollment
Application for Admission**

www.ColumbiaState.edu/Admissions



Dual Enrollment Application for Admission For High School Juniors and Seniors

How do I apply?

Step 1 - Please complete and submit your application to:

**Columbia State Community College
Office of Admissions
1665 Hampshire Pike
Columbia, TN 38401**

Step 2 - Request from high school/umbrella school to have most recent official high school transcripts and ACT scores (if taken) be sent directly to the address above, faxed to 931.560.4125, or emailed to Admissions@ColumbiaState.edu. *Official transcripts are those received from the issuing agency/institution by mail, fax or in person. All submitted transcripts become the property of the college and cannot be returned or forwarded.*

Step 3 – Complete and submit DE Consent Form and Hepatitis B Immunization Health History Form with all required signatures and send to the Office of Admissions at the address listed above, faxed to 931.560.4125, emailed to Admissions@ColumbiaState.edu, or you may submit these application materials in person at the Columbia State campus nearest you.

Step 4 – If student is 18 years old, or will turn 18 during the semester, they will need to provide a copy of their TN Driver License to the Admissions Office to validate proof of citizenship to receive the in-state tuition benefit. A legible copy of their driver license can be mailed to the Office of Admissions at the address shown above, or faxed to 931.560.4125, or emailed to Admissions@ColumbiaState.edu.

Step 5 – Create an account online with TSAC (Tennessee Student Assistance Corporation) and complete the Dual Enrollment Grant application(s) for the appropriate semester(s) student will be attending at: www.tn.gov/collegepays/article/dual-enrollmentgrant.

**TDD Relay Number: 1.800.848.0298
Office of Admissions: 931.540.2790
Fax: 931.560.4125**

Columbia State Community College, a Tennessee Board of Regents Institution, is an equal opportunity, affirmative action institution. Individuals needing this material in an alternative format should contact the associate vice president for student services or the appropriate program director.

To be eligible for Dual Enrollment, the following must be met:

- The student must be a **junior** or **senior** in public, private, or authorized home-school (freshmen and sophomores must complete the regular Application for Admission as “academically talented/gifted”).
- Students wishing to take courses with prerequisites (such as math, math-related science courses, English, speech, and literature courses) must meet placement requirements as follows **NO EXCEPTIONS**:

College Subject	ACT	SAT	ACCUPLACER Testing
math & related sciences	19 + math	460 + math	92+ math
Reading intensive	19 + reading	460 + verbal	85+ reading
English & speech	18 + English	460 + verbal	92+ English

Other Important Information

- Once admitted to the Dual Enrollment program, students will receive an acceptance letter in the mail with instructions on how to access their myCN (myChargerNet) account, which they will use to access their Columbia State email and register for their classes.
- Once admitted to the Dual Enrollment program, students are expected to follow all college and classroom policies and are required to maintain a 2.0 cumulative GPA in college or they will not be able to continue in the program.
- DE students receiving the DE Grant from TSAC must maintain at least a 2.75 GPA in DE classes taken to remain DE Grant eligible for future semesters.
- It is the student’s responsibility to consult with the high school and/or local board of education to see how courses will count toward the student’s high school graduation and/or be posted to the high school transcript.
- Dual Enrollment students may not take Learning Support classes.
- Dual Enrollment students are responsible for checking their Columbia State email on a daily basis.
- Dual Enrollment students must register for their college classes through myCN each semester.
- Dual Enrollment students must attend the classes for which they are registered. If the student does not plan on attending a class, or something changes in the student’s schedule, it is the student’s responsibility to officially drop the course(es) through myCN.
- Dual Enrollment students taking college classes are assessed the same fees and discounts as any other student. Even if receiving the DE Grant, students may still have a tuition balance due which they are responsible for taking care of by the payment deadline for that semester.
- Dual Enrollment students will need to pay for their textbooks and any required classroom materials.
- High school students are **NOT** eligible for federal financial aid or college scholarships. They become eligible only after graduation from high school.
- Students wishing to continue as a freshman with Columbia State after graduation from high school must apply as a freshman and complete the application process and be admitted to the college as a first-time freshman student.

DUAL ENROLLMENT APPLICATION

*Social Security Number: _____ - _____ - _____ Date of Birth: _____

Full Legal Name: _____
Last First Middle Maiden/Former name

Permanent Address:

Number/Street/Apt # City State Zip Code County

(_____) (_____) (_____) _____
Home Phone Business Phone Cell Phone

Personal Email Address: _____

Emergency Contact: _____ (_____) _____
Name Relationship Phone number

Gender: Male Female Foreign Citizen, Perm. U.S. resident Foreign Citizen, Country _____
Citizenship: U.S. Citizen Type of Visa _____

This information is requested for statistical purposes only. Responses given will not affect the status of your admissions file.

Ethnic Origin:

Do you consider yourself to be Hispanic/Latino/Spanish origin? Yes No

In addition, select **one or more** of the following racial categories to describe yourself:

Alaskan Native American Indian Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Selective Service: All male U.S. citizens and non-citizens 18 through 25 years of age residing in the United States must register with Selective Service prior to registering for classes at Columbia State. *This does not apply to those exempt by federal law including females, non-immigrant aliens on student, visitor, tourist or diplomatic visas, and active duty military personnel.* Indicate whether or not you have registered with Selective Service:

I am not yet 18 Yes No Exempt - Reason _____

Residency:

No student is classified as a Tennessee resident just by his/her mere presence in the state.

Have you lived in Tennessee continuously for the past 12 months? Yes No

If you answered no, how long have you lived in Tennessee? _____ months

How long have you lived at the permanent address listed? _____ years _____ months

Term you plan to enroll

Fall (August)
 Spring (January)
 Summer (May/July)

Year 20 -----

Which campus do you plan to primarily attend?

(1) Columbia (2) Franklin (3) Lawrenceburg (4) Lewisburg (5) Clifton (6) Other

Current High School: _____
Name of School City State

I expect to graduate in the month/year _____.

Notice:

I understand that if I am accepted into the Dual Enrollment program that I must meet prerequisites to all courses. By withholding or giving false information on this application, I may be ineligible for admission to the college or subject to dismissal. I understand that while a Dual Enrollment student, I must meet the retention standards of the college. I consent to the release of attendance and final grades information to my high school. If I wish to continue at Columbia State after graduation, I must provide the college with an official, final high school transcript and a regular Application for Admission.

Applicant's Signature _____ Date _____

*In accordance with the Privacy Act of 1974, please be advised that the requested disclosure of your Social Security Number is voluntary and optional. Your Social Security Number will not be disclosed to individuals or agencies outside of the institution except in accordance with the institutional policy on student records.

DUAL ENROLLMENT CONSENT FORM

(THIS IS NOT AN APPLICATION)

Return form to:

Columbia State Community College
Office of Admissions
1665 Hampshire Pike
Columbia, TN 38401
TDD Relay Number 800.848.0298
Phone: 931.540.2790
Fax: 931.560.4125

Name: _____
Last (please print) First (please print) MI

Date of Birth: _____ Social Security Number*: _____
Month/Day/Year

ACADEMIC YEAR: _____

CONSENT FOR DUAL ENROLLMENT

Parent / Guardian Consent:

I give permission for _____ to take Dual Enrollment classes with Columbia State Community College.
(print student's name)

I understand that grant or other financial support for Dual Enrollment may not completely cover costs. I understand that I will be responsible for payment of tuition, fees, books, and any other materials and expenses associated with these classes. I understand that, due to federal regulations, federal aid (such as Pell grant) and regular college scholarships are not available for Dual Enrollment students. I understand that account billing will occur through email notifications, and no paper bills will be mailed. I understand that to ensure prompt account information is received, I can provide an email address for the person responsible for this student's billing account.

Parent/Guardian Signature Date Parent Phone Number Billing Email Address (please print)

AUTHORIZATION TO DISCLOSE ACADEMIC INFORMATION (FERPA)

Federal Law prohibits a college from discussing any information about a student without a written signed release from the student.

Student FERPA Release:

I give permission for Columbia State Community College to release information to my high school officials and my Parents & legal guardians _____, regarding attendance, grades, dual enrollment grant and
(parent/guardian names)

Fee payment information until I graduate from high school.

Student Signature Date

PUBLIC HIGH SCHOOL, PRIVATE HIGH SCHOOL, OR HOME-SCHOOL CONSENT:

- I certify that the above named student has my permission to participate in the Dual Enrollment program provided by Columbia State Community College.
- Official documents must be sent from the high school to Columbia State.
There are three ways to transmit official documents:
 - Fax to Admissions at 931.560.4125
 - Mail to 1665 Hampshire Pike, Columbia, TN 38401
 - Student can deliver in an **unopened** envelope from the high school.

School Representative Date



Return form to: Columbia State Community College
 Office of Admissions
 1665 Hampshire Pike
 Columbia, TN 38401
 TDD Relay Number: 800-848-0298
 Phone: 931-540-2790
 Fax: 931-560-4125

Hepatitis B Immunization Health History Form

Name: _____
 Last First MI

Date of Birth: _____ Social Security Number*: _____ - _____ - _____
 Month/Day/Year

Hepatitis B Health History Information

The General Assembly of the State of Tennessee mandates that each public or private postsecondary institution in the state provide information concerning Hepatitis B infection to all students matriculating for the first time. Tennessee law requires that such student complete and sign a waiver form provided by the institution that includes detailed information about the disease. The required information below includes the risk factors and dangers of the disease as well as information on the availability and effectiveness of the vaccine for persons who are at-risk for the disease. The information concerning this disease is from the Centers for Disease Control and the American College Health Association.

The law does not require that students receive vaccination for enrollment. Furthermore, the institution is not required by law to provide vaccination and/or reimbursement for the vaccine.

Hepatitis B (HBV) is a serious viral infection of the liver that can lead to chronic liver disease, cirrhosis, liver cancer, liver failure, and even death. The disease is transmitted by blood and or body fluids and many people will have no symptoms when they develop the disease. The primary risk factors for Hepatitis B are sexual activity and injecting drug use. This disease is completely preventable. Hepatitis B vaccine is available to all age groups to prevent Hepatitis B viral infection. A series of three (3) doses of vaccine are required for optimal protection. Missed doses may still be sought to complete the series if only one or two have been acquired. The HBV vaccine has a record of safety and is believed to confer lifelong immunity in most cases.

- I hereby certify that I have read this information and I have received the complete three dose series of the Hepatitis B vaccine. Date of completion of the Hepatitis B vaccination series: ____/____/____
- I hereby certify that I have read this information and I have elected to receive the Hepatitis B vaccine and/or I am in the process of receiving the complete three(3) dose series of the Hepatitis B vaccine.
- I hereby certify that I have read this information and I have elected not to receive the Hepatitis B vaccine.

Signature of Student or Parent/Guardian (If student is under 18):

_____ Date: _____

For more information about the Hepatitis B disease and its vaccine, please contact your local health care provider or consult the Center for Disease Control and Prevention Web site at (www.cdc.gov/health/default.htm).

* In accordance with the Privacy Act of 1974, please be advised that the requested disclosure of your Social Security Number is voluntary and optional. Your Social Security Number will not be disclosed to individuals or agencies outside of the institution except in accordance with the institutional policy on student records.

Columbia State Community College, a Tennessee Board of Regents Institution, is an equal opportunity, affirmative action institution.