

CLEVELAND STATE COMMUNITY COLLEGE Dual Credit Application Form

Mail application and high school transcript to:
Perkins Dual Credit Coordinator
Cleveland State Community College
P.O. Box 3570; T-103-A
Cleveland, TN 37320-3570
Phone: 423.473.2314

To be completed by Student.

Name: _____ SSN: _____
 Address: _____ City/State/Zip: _____
 Parent Name(s): _____ Phone Number: _____
 High School: _____ Graduation Date: _____
 Anticipated Post-Secondary Program of Study/Major: _____
 Signature: _____ Date: _____

* To be completed by Student. See course listing provided by CLSCC.

+ To be completed by CLSCC Dual Credit Coordinator.

High School Course Name *	Course Number *	Course Grade *	Final Exam Grade *	College Course Name *	Course Number *	Assessment Grade +

Credit is recommended for courses based on student having fulfilled all requirements of the Agreement.

CLSCC Dual Credit Coordinator

Date

CLSCC Division Dean

Date

Submitted to CLSCC Records Department on: _____

 Credit will be awarded upon being officially admitted at Cleveland State Community College.
 Transfer of articulated credit to other institutions is at the discretion of that institution.

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