

# Jackson State Community College

## Perkins IV Dual Credit/Articulation Application

Please Type or Print Clearly

Student Name: \_\_\_\_\_ SSN #: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Who informed you about Dual Credit Opportunities? Instructor \_\_\_\_\_ Counselor \_\_\_\_\_ Other \_\_\_\_\_

Have you been or will you be a Dual Enrollment Student with JSCC? \_\_\_\_\_

If yes, please list courses: \_\_\_\_\_

### COURSES FOR DUAL CREDIT/ARTICULATION:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### INSTRUCTIONS

To apply for dual credit a student must:

1. Request that his/her high school technical major instructor and guidance counselor complete this form.
2. Earn a "C" average (2.0) overall.
3. Sign and date this form.
4. Mail this application along with transcript to:

**Jackson State Community College**  
**Perkins IV Office-SU 22B**  
**2046 North Parkway**  
**Jackson, TN 38301-3797**

### Required Signatures:

**X** \_\_\_\_\_  
Applicant Date

**X** \_\_\_\_\_  
Technical Major Instructor Date

**X** \_\_\_\_\_  
Guidance Counselor Date

### For Post-Secondary Use Only

Eligible for Dual Credit/Articulation:

Eligible for Transcription of Dual Credit/Articulation:

\_\_\_\_\_  
Perkins IV Grant Coordinator Date

\_\_\_\_\_  
Vice President of Academic Affairs Signature/Date

Date Forwarded to Records: \_\_\_\_\_

Credit Posted:

Course Exams Completed:

By: Date:

\_\_\_\_\_ Date \_\_\_\_\_ Test Site \_\_\_\_\_ Testing Instructor \_\_\_\_\_ Grade \_\_\_\_\_ # of Credit Hours \_\_\_\_\_

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