



Student Academic Eligibility Form for Dual Enrollment

Northeastern York School District

FOR STUDENT

FIRST NAME: LAST NAME:

STUDENT ADDRESS:

CITY: STATE: ZIP CODE: Student ID #: Current Cumulative GPA:

If GPA is below 2.5, please explain why you are a good fit for dual enrollment:

Desired Dual Enrollment Entry at PCA&D (please circle) : FALL / SPRING Year:

FOR SCHOOL COUNSELOR

204 NORTH PRINCE STREET PO BOX 59
Lancaster PA 17608 0059
717 396 7833
pcad.edu

Pennsylvania College of **ART&DESIGN**



Counselor: Counselor Email:

Counselor Recommendation for Dual Enrollment (Please circle): YES NO If "No",

please explain:

DATE: COUNSELOR SIGNATURE:

Submit this Dual Enrollment Request form via email to admissions@pcad.edu or via postal mail to the address listed below, C/O PCA&D Admissions Office along with the student's official, in-progress school transcript.

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