

**Student Academic Eligibility Form for Dual Enrollment
Elizabethtown Area 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

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.