

Student Academic Eligibility Form for Dual Enrollment Plymouth Whitemarsh High School



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](mailto: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.