## Dual Credit Academic Verification The University of Tennessee, Knoxville

## **Personal Data**

Student Name:						
	Last	Fi	rst	Middle	Any Other Name Used	
Home Address:						
City:			State:	ZIP:		
Home Phone: _			Cell Phone: _			
E-mail Address:				Birth Date:		
		Enro	llment Informatio	on		
High School:				Previously enrolled in dual credit? Y N		
Expected Year of	of High School Gra	iduation:		Current Grade Leve	el:	
GPA:	Composit	e ACT:	Math ACT:	Eng	English ACT:	
Proposed cour	ses to be taken th	rough dual enro	ollment at the Univer	rsity of Tennessee		
Course #		Course Title			er Credit Hours	

The above named student meets eligibility requirements and is recommended to participate in the dual credit course(s) listed.

Signature of person verifying GPA/ACT scores

Date

Title

Mail completed signed form to:

Norma Harrington Undergraduate Admissions 320 Student Services Building Knoxville, TN 37996-0230