

Dual Credit Academic Verification

The University of Tennessee, Knoxville

Personal Data

Student Name: _____
Last First Middle Any Other Name Used

Home Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____ Birth Date: _____

Enrollment Information

High School: _____ Previously enrolled in dual credit? Y N

Expected Year of High School Graduation: _____ Current Grade Level: _____

GPA: _____ Composite ACT: _____ Math ACT: _____ English ACT: _____

Proposed courses to be taken through dual enrollment at the University of Tennessee

Course #	Course Title	Semester	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