



Dual Enrollment Permission Form

I give permission for _____ to enroll in the dual enrollment program with Western Illinois University.

I confirm that this student meets the below criteria:

3.0 cumulative high school GPA on a 4.0 scale with at least three semesters of coursework completed.

OR

Meets regular WIU admission standards.

SAT = (400 * HS GPA) is greater than or equal to 2060

ACT = (10* HS GPA) is greater than or equal to 46

NOTE: Students with below a 3.0 GPA and no test scores will not be eligible for the dual enrollment program without a University appeal.

The student does not meet the above criteria, but has my support to go through the appeal process with the University.

If the student must appeal, please write a brief statement below regarding the student's academics and potential to succeed in college coursework:

School Administrator Signature: _____ Date: _____