



DUAL ENROLLMENT RETURNING STUDENT ENROLLMENT FORM

STUDENT NAME: _____ **TSC ID #:** _____

SCHOOL: _____ **DATE OF BIRTH:** _____

YEAR: _____ **FALL** **SPRING** **SUMMER I** **SUMMER II** **GRADE:** _____

HIGH SCHOOL ID NUMBER: _____ **PHONE NUMBER:** _____

Meet with your counselor and determine the courses in which you would like to enroll:

Fall

1. _____ 2. _____ 3. _____ 4. _____

Spring

1. _____ 2. _____ 3. _____ 4. _____

STUDENT:

1. _____ May need to take TSI exam.
2. _____ 9th & 10th graders, submit completed "Request for Dual Enrollment Courses as a Freshman or Sophomore" form.

COUNSELOR:

3. _____ Submit the following to the TSC Office of High School Programs and Services:
 - _____ "Request for Dual Enrollment Courses as a Freshman or Sophomore" form, if required (most current transcript will be needed for review)
 - _____ "Approval of Excess Course Enrollment" form, if required (most current transcript will be needed for review)
 - _____ TSI test scores
 - Exam: TSI TAKS STAAR EOC SAT ACT
 - Test Scores: Math: _____ Reading: _____ Writing: _____
 - Passing TSI Test Scores: Math: ≥ 350 Reading: ≥ 351 Writing: Essay ≥ 5 or 4 w/ 363
4. _____ Submit complete class rosters to the TSC Office of High School Programs and Services by the approved deadline.