

**NYE COUNTY SCHOOL DISTRICT
APPLICATION FOR DUAL CREDIT**

Name: _____ Date: _____

Address: _____ Zip: _____

Parent/Legal Guardian Name: _____ Phone: _____

High School: _____ Grade: _____

I, _____ have read, agree and hereby request permission to apply for dual credit through the Early Studies Program (E.S.P.). I agree to comply with all appropriate Policies and Regulations of the Nye County School District and the attending institution while in the Program, and I understand that credit will be granted only when the course requirements are satisfied and a transcript attesting to this is presented to my high school Counselor. I have satisfactorily completed E.S.P. application forms and have been accepted into the Program by the institution of higher education.

Student's Signature

Parent/Legal Guardian Signature

The student has completed all necessary application forms. The student has a minimum of 3.0 cumulative grade point average respectively or has met the requirements as established by his/her LPAC and is eligible to participate in the Early Studies Program.

Counselor's Signature

Name of Institution: _____

Requested Course Title and Number: _____

High School Credit Requested: _____

Approved: _____ Denied: _____

Site Administrator's Signature

Note: College courses below the "100" level are remedial, will not be counted toward high school graduation and will not have dual credit status.