



Counselor Recommendation Form

Statement of Approval for Dual Enrollment

Your application to the Dual Enrollment program at Amridge University will be official only upon receipt of this form, completed and signed by the counselor or academic representative of your local high school, as well as parent/legal guardian signature, and student signature as appropriate.

First Name: _____ **Last Name:** _____

Name of High School: _____

Student's Grade Level at the time of participation request for Dual Enrollment at Amridge University

____ 11th
____ 12th

High School Counselor/ Academic Presentative Recommendation

- This student has successfully completed the 10th grade. Yes No
- This student has a GPA of at least 3.25 (Academic Readiness). Yes No
- This student has the necessary technology skills to successfully participate in an online academic program (Technology Proficient). Yes No
- This student has demonstrated intrinsic motivation and communication skills necessary to proactively engage with instructional material, teachers, and peers (Social Maturity).
 Yes No

If you answered NO to any of the above statements, please explain.

I hereby recommend that this student be admitted to the Dual Enrollment program at Amridge University.

Yes No

High School Designee Name: _____ *Title:* _____

Designee Email: _____ *Contact Number:* _____

Designee Signature:

Date: _____