

Dual Enrollment / Advanced Scholars Application

Eligibility to Enroll Certification



Applicant Name: _____
 Last *First* *Middle*

An official at the applicant's high school must attest that the applicant is in good academic standing, is academically prepared for college-level coursework, and has permission to enroll in the course(s) indicated below. An
Credit Hours

Sending official name (please print): _____

Title: _____ Phone Number: _____

Sending official signature: _____ Date: _____

School Name: _____

Department: _____

Address: _____

City, State, Zip: _____

Please return this signed form via email to enrollment@vwu.edu or fax to 757.461.5202 of the Registrar at

If you have any questions, please contact the Office of Enrollment Services at enrollment@vwu.edu or 757.455.3208.