



**Dyersburg State Community College
Request for Review of Perkins IV CTE
Credit by Assessment
(Dual Credit)**

Student Name: _____

Student ID Number: _____

High School Attended: _____

Year Graduated: _____

Course for which you wish to receive credit by assessment:

Year admitted/enrolled at DSCC: _____

Number of completed credits at DSCC: _____

Please submit this form to:

**Office of Admissions and Records
Attn: Perkins IV Coordinator/Advisor
Dyersburg State Community College
1510 Lake Road
Dyersburg, TN 38024**