



Dual Admission Partnership Agreement - Intent to Enroll

Please print clearly.

NAME LAST FIRST MIDDLE SUFFIX
Other names previously used

DSCC ID Number D GENDER: ()Male ()Female

PERMANENT ADDRESS
Number & Street (P.O. Box not allowed)
City State Zip County

MAILING ADDRESS
Number & Street (If different from Permanent Address)
City State Zip County

HOME PHONE NUMBER () CELL PHONE NUMBER ()
E-MAIL ADDRESS DATE OF BIRTH / /

BIRTHDATE GENDER ETHNICITY/RACE
DO YOU CONSIDER YOURSELF TO BE HISPANIC/LATINO/SPANISH ORIGIN?
IN ADDITION, SELECT ONE OR MORE OF THE FOLLOWING RACIAL CATEGORIES TO DESCRIBE YOURSELF

CITIZENSHIP INFORMATION
COUNTRY OR STATE OF BIRTH
ARE YOU A UNITED STATES CITIZEN?
ARE YOU A RESIDENT OF TENNESSEE? DATE OF TENNESSEE RESIDENCY?

I Expect to Graduate from DSCC at the End of (Semester/Year)
I Expect to Graduate from DSCC in the following program of study
Semester/Year You Plan to Attend UT Martin Choice of Major at UT Martin

Have you ever been arrested and convicted for a criminal offense?
If yes, what offense did you commit? (On a separate sheet of paper, please explain the circumstances.)

RELEASE NOTIFICATION: Dyersburg State Community College and The University of Tennessee at Martin will share and release information about Dual Admission Partnership students. Your signature below allows for the release of this information. I certify that the information above is true and complete to the best of my knowledge. I understand that the eligibility for the Dual Admission Partnership requires compliance with the provisions of the program, including completion of the associate degree at DSCC. I understand that participation in this program may be denied if any of my application information is found to be incomplete or inaccurate. I agree to comply with the provisions of the Dual Admission Partnership program.

SIGNATURE DATE