



Dyersburg State Community College Dual or Joint Enrollment for High School Students

What Is Dual/Joint Enrollment?

Dual/Joint Enrollment is an opportunity for eligible high school juniors and seniors to get a jump start on college. Eligible students can take college courses while they are still enrolled in high school and receive college credit. Dual Enrollment students receive credit toward high school graduation requirements in addition to DSCC credit. Joint Enrollment students receive DSCC credit only. Both Dual Enrollment and Joint Enrollment students may request the Dual Enrollment Grant, which pays \$300 per semester toward the cost of taking DSCC courses.

Students who have junior or senior standing in high school and a 3.0 ("B") average on high school work completed are eligible. Since some students may excel in a particular area of study but may not have an average of "B" on all high school work completed, an exception to this condition may be made at the recommendation of the high school counselor or principal or the high school teacher in the subject area of interest.

To participate in the Dual/Joint Enrollment Program and, if desired, to receive the Dual Enrollment Grant (free \$\$\$):

Step 1 – Complete the DSCC Dual/Joint Enrollment Application available from your school counselor or the DSCC Office of Admissions and Records or online at www.DSCC.edu.

- For first-time students, a non-refundable \$10 application fee will be assessed.
- The Dual/Joint Enrollment Application includes a Hepatitis B Immunization Health History form that provides detailed information about the Hepatitis B disease. Tennessee law requires that this form must be completed prior to registration. Both the student and a parent must sign the Hepatitis B Immunization Health History form if the student is under 18.
- The student and parent must sign the application form and then return it and the Hepatitis B Immunization Health History form to the Office of Admissions and Records or your high school counselor.

Step 2 – Complete the Tennessee Student Assistance Corporation (TSAC) online application for the Dual Enrollment Grant at www.collegepaystn.com. To request up to \$300 toward your educational costs, complete the online application by the appropriate deadline: September 1 for fall semester; February 1 for spring semester or May 1 for summer semester.

- Click on Students and Parents.
- Click on the Dual Enrollment Grant icon – bottom right side of the Web page.
- The Grant rules will appear. Click on the blue On-line Application link in parentheses near the top of the page.

The Dual Enrollment Grant, provided by the Tennessee Education Lottery Scholarship Program, provides partial funding toward tuition and fees for college courses taken while in high school. Currently, the grant pays \$300 per semester with a maximum yearly award amount of \$600.

Additionally, Dyersburg State may have other funds available to help pay the remaining cost after the Dual Enrollment Grant is applied toward tuition and fees. Students with limited family income may qualify for financial assistance from the Workforce Investment Act (WIA) Youth Programs. Contact a WIA Youth Program Case Manager at (731) 286-3585 for more information. The Tennessee Access and Diversity grant provides assistance to students who meet certain financial criteria. The application for the Access and Diversity Dual Enrollment Scholarship can be obtained from the Office of Admissions and Records or your high school counselor. DSCC may also provide other Dual Enrollment scholarships which are subject to funding and will be awarded on a first come-first serve basis to qualifying high school students when funding is available.

Step 3 – Ask your high school counselor to send an official copy of your high school transcript to the DSCC Office of Admissions and Records. If you want to enroll in an English or mathematics course, provide official ACT scores (*if not listed on the high school transcript, go to <http://www.actstudent.org/scores/send/> to have your scores sent to DSCC*). To enroll in an English course, your ACT subscore in English and reading must be at least 19. To enroll in a mathematics course, your ACT subscore in math must be at least 19.

Step 4 – Pay any balance owed or set up deferred payment arrangements at the DSCC Business Office by the advertised deadline. If you do not pay fees by stated deadlines, you will be dropped from the program. Dependents of public school teachers and TBR or UT employees may qualify for a discount. Discount forms can be obtained from the parent's employer and should be received by the Business Office by the deadline to pay fees. Call the Business Office with questions at (731) 286-3319.

Step 5 – Students are expected to have the necessary books at the beginning of each semester. The cost of books, if not provided by the high school, will be the responsibility of the student.

You may call the Office of Admissions and Records for more information about the DSCC Dual or Joint Enrollment Program at (731) 286-3350 or email questions to Enroll@DSCC.edu.



DSCC Dual/Joint Enrollment Application

PLEASE CHECK THE TERM YOU PLAN TO ATTEND CLASSES: ___ Fall 20___, ___ Spring 20___, ___ Summer 20 ___

- [] Please check if this is your first time to apply for admission to Dyersburg State. A \$10 application fee will be assessed.
- [] Please check if you have previously applied for admissions at DSCC. No application fee is required if you have already paid the \$10 fee.

STUDENT'S NAME: _____ STUDENT'S SOCIAL SECURITY NO: _____

PERMANENT ADDRESS: _____
STREET (P.O. Box not allowed) CITY STATE ZIP

TELEPHONE NO: (_____) _____ CELL NO: (_____) _____ DATE OF BIRTH: ____/____/____

BIRTHPLACE (STATE ONLY): _____ EMAIL ADDRESS: _____

GENDER (SELECT ONE): _____ MALE _____ FEMALE DATE OF TN RESIDENCY: _____

SELECTIVE SERVICE INFORMATION: All male citizens of the U.S. or Resident Aliens between the ages of 18 and 26 must have registered with Selective Service prior to registering for classes. This requirement does not apply to those exempt by federal law or veterans. Indicate whether or not you have registered with Selective Service as of today: _____ YES _____ NO _____ EXEMPT

HAVE YOU BEEN CONVICTED OF COMMITTING A FELONY CHARGE INVOLVING A CONTROLLED SUBSTANCE OR DANGEROUS DRUG? PLEASE MARK ONE CHOICE: _____ NO _____ YES; IF YES, PLEASE GIVE DATE OF CONVICTION ____/____/____

ARE YOU A U.S. CITIZEN? _____ YES, I AM A U.S. CITIZEN
_____ NO, BUT I AM AN ELIGIBLE NON-CITIZEN. REGISTRATION NO: _____
_____ NO, I'M NONE OF THE ABOVE

DO YOU CONSIDER YOURSELF TO BE HISPANIC/LATINO/SPANISH ORIGIN? ___Yes ___No
IN ADDITION, SELECT ONE OR MORE OF THE FOLLOWING RACIAL CATEGORIES TO DESCRIBE YOURSELF:

- White
- Black or African American
- Asian
- American Indian
- Alaskan Native
- Native Hawaiian or Pacific Islander

Student is scheduled to graduate from: (Name of High School) _____

Grade level completed as of today: (Select One) _____ 10th _____ 11th Anticipated Graduation Year: 20_____

STUDENT: I certify that I am enrolled in high school and have completed the 10th or 11th grade. I understand that failure to apply and enroll at an eligible postsecondary institution will void the processing of this application to participate in the Dual Enrollment Grant program. I understand that the application shall be properly completed each semester in order to qualify. I understand that the grant shall be utilized for courses I complete that count towards hours of postsecondary credit. I also understand that if I withdraw from the eligible postsecondary institution I will be asked to pay the postsecondary institution for the courses, less any refund warranted by the postsecondary institution's refund policy.

DSCC Dual/Joint Enrollment Registration Form

LIST EACH CLASS THE STUDENT IS TO ENROLL FOR COLLEGE CREDIT:

CRN (DSCC #)	COURSE NUMBER	COURSE NAME	CREDIT HOURS

HIGH SCHOOL COUNSELORS: PLEASE INCLUDE AN OFFICIAL COPY OF THE STUDENT'S HIGH SCHOOL TRANSCRIPT WITH THIS APPLICATION. Attach a copy of the student's highest ACT scores if the student plans to enroll in English or mathematics. ACT scores are not required for courses other than English and mathematics. Either a minimum high school GPA of 3.0 on a 4.0 scale or the recommendation of the student's high school guidance counselor or principal is required.

STUDENT'S SIGNATURE _____ DATE _____

PARENT or GUARDIAN'S SIGNATURE _____ DATE _____

HIGH SCHOOL COUNSELOR/PRINCIPAL _____ DATE _____

Hepatitis B Immunization Health History Form

Name: _____
Last First MI

Date of Birth: _____ Social Security Number*: _____ - _____ - _____ Phone: (_____) _____
Month/Day/Year

The General Assembly of the State of Tennessee mandates that each public or private postsecondary institution in the state provide information concerning hepatitis B infection to all students matriculating for the first time. Tennessee law requires that such students complete and sign a waiver form provided by the institution that includes detailed information about the disease. The required information below includes the risk factors and dangers of the disease as well as information on the availability and effectiveness of the vaccine for persons who are at-risk for the disease. The information concerning this disease is from the Centers for Disease Control and the American College Health Association.

The law does not require that students receive vaccination for enrollment. Furthermore, the institution is not required by law to provide vaccination and/or reimbursement for the vaccine.

A. Hepatitis B (HBV)

[TO BE COMPLETED BY ALL NEW STUDENTS]

Hepatitis B (HBV) is a serious viral infection of the liver that can lead to chronic liver disease, cirrhosis, liver cancer, liver failure, and even death. The disease is transmitted by blood and or body fluids and many people will have no symptoms when they develop the disease. The primary risk factors for Hepatitis B are sexual activity and injecting drug use. This disease is completely preventable. Hepatitis B vaccine is available to all age groups to prevent Hepatitis B viral infection. A series of three (3) doses of vaccine are required for optimal protection. Missed doses may still be sought to complete the series if only one or two have been acquired. The HBV vaccine has a record of safety and is believed to confer lifelong immunity in most cases.

____ I hereby certify that I have read this information and **I have received the complete three dose series of the Hepatitis B vaccine.**

Date of completion of the Hepatitis B vaccination series: 1. _____ / 2. _____ / 3. _____

____ I hereby certify that I am in the process of completing the three dose series of the Hepatitis B vaccine.

____ I hereby certify that I have read this information and **I have elected not to receive the Hepatitis B vaccine.**

Signature of **Student** or **Parent/Guardian** (If student is under 18): _____ Date: _____

For more information about the Hepatitis B disease and its vaccine, please contact your local health care provider or consult the Center for Disease Control and Prevention Web site at [www.cdc.gov/health/default.htm].

* In accordance with the Privacy Act of 1974, please be advised that the requested disclosure of your Social Security Number is voluntary and optional. Your Social Security Number will not be disclosed to individuals or agencies outside of the institution except in accordance with the institutional policy on student records.