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:

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.
- Effective July 1, 2011, any new full-time (enrolled in 12 or more credit hours) student at DSCC, must present proof of two doses of the Varicella (Chickenpox) vaccine, laboratory evidence of immunity, or a history of Varicella disease from a health practitioner.

Step 2 – Complete the Tennessee Student Assistance Corporation (TSAC) online application for the Dual Enrollment Grant at www.tn.gov/CollegePays/. To request up to $300 toward your educational costs, complete the online application by the appropriate deadline: September 15 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. As a courtesy, DSCC initially applies the $300 per semester to the student’s account. However, if the student fails to apply, does not qualify to receive the grant, or choose to use the grant at another college/institution, the $300 will be added to the balance owed and the student will be responsible for the amount.

Additionally, other funds may be 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.

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 sub score in English must be at least 18 and reading must be at least 19. To enroll in a mathematics course, your ACT sub score in math must be at least 22. With the guidance counselor’s recommendation, an exception may be made for students who wish to take a mathematics course and have an ACT sub score of 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.

Dual/Joint Enrollment students are responsible for paying all tuition and fees which are due at the beginning of each semester.
**DSCC Dual/Joint Enrollment Financial Aid/Payment Options**

*DSCC is committed to offering Dual Enrollment opportunities as inexpensively as possible for high school students and their families.*

**Application Fee** - DSCC applicants pay a one-time, non-refundable application fee of $10. This will be included with the tuition and fees the first semester the student enrolls as a DSCC student. This fee cannot be covered by grants or scholarships. Enrollment must occur before this fee can be paid. **STUDENTS WILL RECEIVE A BILL from Dyersburg State requesting this payment. Do not pay your high school counselor.**

**Books** - The cost of books varies by course. Books may or may not be provided by the high school. Check with your instructor or guidance counselor to determine if you need to purchase the book for a course held at the high school.

**Tennessee Dual Enrollment Grant** – **DEADLINE TO APPLY for Fall Semester is Sept. 15; Spring Semester is Feb. 1; Summer Semester is May 1.** To request up to $300 toward your educational costs, complete the online application for the TN Dual Enrollment Grant at www.collegepaystn.com before the appropriate deadline. A student must be considered a high school junior or senior to qualify, have a 2.75 GPA in all previous Dual Enrollment coursework and have lived in Tennessee for a calendar year. Dual Enrollment students who do not qualify for the Dual Enrollment Grant, fail to apply for the grant, or choose to utilize the grant at a college/university other than Dyersburg State, will be assessed the $300 by Dyersburg State.

**Additional Dual Enrollment Grant Borrowing Program** – **DEADLINE TO APPLY for Fall Semester is Sept. 15; Spring Semester is Feb. 1; Summer Semester is May 1.** To request an additional $300, up to $600 per academic year, toward dual enrollment tuition/costs, a student must qualify for the Tennessee Dual Enrollment Grant at DSCC; be enrolled in at least two (2) courses during the same semester; met the eligibility requirements for the Tennessee Education HOPE Lottery Scholarship by earning a composite of 21 or better on a national ACT test or by maintaining a high school cumulative GPA of 3.0 or better. To apply for this program, complete and return the signed TSAC Dual Enrollment Grant Program Additional Courses Agreement to DSCC. The Tennessee Dual Enrollment Grant and Additional Borrowed Dual Enrollment Grant can only be paid to one college. The amount borrowed from future HOPE scholarship funds will be deducted “dollar for dollar” during the first year of enrollment at a HOPE eligible institution. Please be sure to sign legibly as well as print your name and high school name on the form.

**Workforce Investment Act (WIA) Youth Programs** – WIA Youth Programs may be able to assist very low-income students with tuition, textbooks, and any required supplies. Additional application is required. For more information, contact the Career Center Coordinator for your county; Benton and Henry Counties – Jennifer Bane (731) 644-7355; Crockett and Gibson Counties – Libby Wickersham (731) 784-3552; Dyer and Lake Counties – Mike Whitson (731) 286-8300; Lauderdale and Tipton Counties – Delores Hayes (901) 475-2529; Carroll County – Lisa Bradford (731) 986-8217; Obion and Weakley Counties – Don Dugger (731) 884-2621.

**Dependent Discounts** - Dependents of Certified Public Teachers receive 25% discount with completed discount form. Dependents of TBR or UT employees and certain other state employees receive 50% discount with complete discount form. Employees must contact their human resource officer to receive the needed form. Be sure all needed signatures are received before forwarding the form to DSCC. Call the DSCC Business Office to determine the balance you owe after the discount at 731-286-3306. Eligible dependents qualify regardless of grade level.

**Methods of Payment**

**Online by Credit Card** At www.dscc.edu, click MyDSCC; Log in with your Username and Password; Click on the Student Tab; Under Registration Tools, select Payment of Fees/ Confirmation of Enrollment; Select Term and click Submit; Select Yes, I will attend during the upcoming semester. Click Continue. You will then be taken to your student account activity page; Select Recent Account Activity and then Make a Payment; Select Pay or Make a Payment; Follow payment directions.

**In Person by Cash, Check, or Credit Card** Payments will be accepted at the Business Office in the Eller Administration Building or at the One Stop Center in Dyersburg, at the DSCC Gibson County Center and at the DSCC Jimmy Naifeh Center at Tipton County during regular office hours - 8:00 a.m. to 4:30 p.m. Monday thru Friday.

**By Mail** Mail your check payable to DSCC to Dyersburg State Community College Business Office, 1510 Lake Road, Dyersburg, TN 38024.

**Deferred Payment Plan** To enroll, students must pay a down payment of at least 50% of your account balance plus a $10.00 deferred plan service fee. The remaining account balance will be deferred, at 0% interest, and will be payable in two monthly installments. If your installments are not paid as agreed, you agree that your account may be assessed late fees up to $100.00 per term.

**Refund Policy** Refunds of Tuition only are allowed for the first 25% of the term. **No refunds will be made beyond the 25% period.** 100% of fees will be refunded for classes canceled by the institution. 100% of fees will be refunded for “drops” or “withdrawals” prior to the first official day of the term. No refund will be made during the official registration period. If you drop a class or withdraw completely on the first day of the term, you are not in the 100% refund period. 100% of fees will be refunded in case of student’s death.
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.
[ ] Please check if you will use the Tennessee Dual Enrollment Grant for your DSCC course(s).
[ ] Please check if you have previously participated in Dual Enrollment at a college/institution other than DSCC. If so, an official transcript that reflects completed Dual Enrollment coursework at any and all institutions other than DSCC must be submitted. Failure to submit an official transcript may hinder the student’s ability to receive the Dual Enrollment Grant.

STUDENT’S NAME: ___________________________________________ STUDENT’S SOCIAL SECURITY NO: ____________________________

MAILING ADDRESS: ______________________________________________________________
STREET    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: ____________________________

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. 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.

DSCC Dual/Joint Enrollment Registration Form

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

<table>
<thead>
<tr>
<th>CRN (DSCC #)</th>
<th>COURSE NUMBER</th>
<th>COURSE NAME</th>
<th>CREDIT HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: ____________ 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 under18):________________________________________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].