

Student Information:		
Full Name:	E-mail:	
SSN (Optional):	/	
Mailing Address:		
City:	State: Zip:	
Home Number: ()	Cell/Other ()	
High School:	Graduation Year:	
Cumulative High School GPA:	Test Score: \(\text{ACT} \) \(\text{SAT} \)	
	CCELERATE Dual Enrollment Online is capable of handling the workl	load
of a college-level course. By signing below, I am confirm Enrollment Online and that the above information is correleased to the student's high school and the authorized per	ming the student meets eligibility requirements for ACCELERATE Duarect. My signature below also signifies the student's information may be resons listed above so that the appropriate credit may be awarded at the hidition to the credit the student will receive from Troy University.	al e
School Official	Date	
Parent or Legal Guardian	Date	
studying for each class, and I commit to complete all assig form of official electronic communication. I also acknow required for University Records to release my TROY tra- signing below, I confirm that the above information is true a	bursework to the best of my ability. I am ready to devote time and effort gnments and exams. I also acknowledge my Troy e-mail as the designat wledge that my final high school transcript, with graduation date, will be canscript should I not enroll at Troy University as a full time student. By and correct. My signature below also signifies that I grant consent for Techalf to the designated persons listed above.	ted e y
Student	Date	

Please return to the Coordinator of Dual Enrollment & Transfer Recruitment Korrie Lynn James

Troy University • 111 Adams Administration Building • Troy, Alabama 36082

Fax: 334-670-3733 Scan: accelerate@troy.edu