

# Dual/Joint Enrollment Application for Admissions

email: [highschoolprograms@nsc.edu](mailto:highschoolprograms@nsc.edu)

website: [www.nsc.edu/admissions/high-school-programs](http://www.nsc.edu/admissions/high-school-programs)



**Dual Enrollment** is the enrollment of a high school student in one or more specified college course(s) for which the student will be awarded both high school and college credit. Courses will not be expected to count toward the student's high school diploma **unless** the student has made prior arrangement with the high school, umbrella school and/or local board of education. **THE STUDENT IS RESPONSIBLE FOR OBTAINING VERIFICATION OF TRANSFER CREDIT TO THEIR CHOSEN UNIVERSITY.**

## APPLICATION CHECKLIST:

(1) Complete the online Application for Admissions:

- [www.nsc.edu/admissions](http://www.nsc.edu/admissions)
- Select Apply to NSCC
- Select Apply Online
- Create a first time user account
- Login
- Select **Dual Enrollment-HS Stu Only** as the application type
- Complete and submit application

**Submit all forms & transcripts to:**

NSCC  
High School Programs  
120 White Bridge Rd  
Nashville, TN 37209

(2) Complete and submit Participation Form (attached)

(3) Complete and submit Hepatitis B/Applicant Signature Form (attached)

(4) Submit an official High School Transcript

(5) Submit ACT or SAT scores (PLAN, Aspire or PSAT accepted if no ACT or SAT scores available)\*

(6) Apply for the Dual Enrollment Lottery Grant online ([www.collegepaystn.com](http://www.collegepaystn.com))

(7) If you are 18, submit identification to satisfy the Proof of Citizenship requirement. Acceptable identification: State of TN photo ID, Driver's License, Social Security Card or Birth Certificate.

Completing the admissions process does not guarantee eligibility to register for college courses. Students must meet the prerequisite requirements for the course(s) they wish to register in.

## IMPORTANT INFORMATION:

High School Programs (615)353-3269  
Business Office (615)353-3310  
Records (615)353-3218  
Testing Center (615)353-3564

Cookeville Campus (931)520-0551  
Clarksville Campus (931)551-7004  
Dickson Campus (615)740-5998  
Southeast Campus (615)780-2760  
Waverly Campus (931)296-1739

## Information for Students with Disabilities

If you have a learning or physical disability and want information on the types of services that are available, please call 615-353-3721.

\*The COMPASS placement test may be taken as a substitute to ACT scores to meet eligibility requirements for registration into college courses. The Compass test is administered at the Testing Center on any NSCC campus. This exam is used to determine if a student is eligible to take college level courses based on their knowledge in the subjects of Reading, Writing and Math. Compass test scores are only good for admission to NSCC. They cannot be used for admission to any other post-secondary institution. There is no charge for the test.

Nashville State Community College · High School Programs  
120 White Bridge Road, Nashville, TN 37209 · Phone 615-353-3269 · Fax 615-353-3774  
E-mail: [highschoolprograms@nsc.edu](mailto:highschoolprograms@nsc.edu)  
[www.nsc.edu/admissions/high-school-programs](http://www.nsc.edu/admissions/high-school-programs)  
A Tennessee Board of Regents College

# Dual/Joint Enrollment Participation Form

Please send completed forms to:

High School Programs  
120 White Bridge Road  
Nashville, TN 37209-4515



## Student's Full Legal Name:

\_\_\_\_\_

Last First Middle

## Student Social Security Number:

## Date of Birth\*:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*If you are 18, you must submit documentation for proof of citizenship (e.g. Driver's License, Birth Certificate, etc).

## High School:

## Year of Graduation:

\_\_\_\_\_ 20\_\_\_\_\_

## Permanent Home Address:

\_\_\_\_\_

Number Street/Apt. # P.O. Box

\_\_\_\_\_

City State Zip Code County Country (if not U.S. Citizen)

\_\_\_\_\_

Email address Telephone number (please include area code)

## To Be Completed by Student:

I understand by becoming a Dual Enrollment student, I must abide by the high school's and college's rules and regulations. In the acknowledgement of the Family Educational Rights and Privacy Act of 1974 as amended (FERPA), I give my permission for the High School Programs department at Nashville State Community College to release any information regarding my grades, attendance, academic standing, disciplinary action, financial obligations, or any other aspect of my student life to my parents/legal guardians while I am a Dual Enrollment student. I understand my grades, attendance, and any other academic information will be provided to the high school as part of this agreement.

\_\_\_\_\_

Student's Signature

\_\_\_\_\_

Print Student's Name

\_\_\_\_\_

Date

\_\_\_\_\_

Print Parent/Guardian's Name(s)

## To Be Completed by Parent/Guardian:

I hereby acknowledge the participation of this student in the dual enrollment program at Nashville State Community College. I understand and agree that as the student's parent/guardian I am fully responsible and promise to pay for all fees and charges related to the student's Dual Enrollment at Nashville State Community College.

\_\_\_\_\_

Parent/Guardian's Signature

\_\_\_\_\_

Print Parent/Guardian's Name

\_\_\_\_\_

Date

\_\_\_\_\_

Cell Phone Number

\_\_\_\_\_

Work Phone Number

\_\_\_\_\_

Parent/Guardian's Email Address

## To Be Completed by High School Counselor or Administrator:

As an official of the above named high school, I hereby grant permission for the above named student to participate in the dual/joint enrollment program at Nashville State Community College.

\_\_\_\_\_

Counselor/Administrator's Signature

\_\_\_\_\_

Print Counselor/Administrator's Name

\_\_\_\_\_

Date

# Hepatitis B Immunization Health History Form

## All Students Must Complete Top Portion

Name: \_\_\_\_\_  
Last First MI

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

### (TO BE COMPLETED BY COMPLETED BY NEW APPLICANTS ONLY)

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.**

#### Hepatitis B (HBV) Immunization

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.

Mark One {  
\_\_\_\_ I hereby certify that I have read this information and **I have had the entire 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.**  
\_\_\_\_ I hereby certify that I have read this information and **I have elected to receive the Hepatitis B vaccine and/or I am in the process of receiving the complete three dose series of the Hepatitis B vaccine.**

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_  
*(Parent/Guardian must sign if student is under 18)*

**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 Family Educational Rights and Privacy Act of 1974, as amended, applicants for admission and enrolled students are advised that the requested disclosure of their Social Security number to the Admissions Office is voluntary. Students who do not provide a Social Security number will be assigned a special nine-digit number. This special number or the Social Security number are used: (a) to identify such student records as applications for admission, registration and course enrollment documents, grade reports, transcript requests, certification requests, and permanent academic records and (b) to determine eligibility, certify school attendance, and report student status. Students are notified, however, that only the Social Security number may be used as an identifier for grants, loans, and other financial aid programs according to federal regulations. The student's Social Security number will not be disclosed to individuals or agencies outside Nashville State Community College except in accordance with the institutional policy on student records.

### Application Agreement, Signature and Disclaimer (Please sign in blue or black ink).

If you are accepted as a student at this institution, there are certain performance tests you will be required to take during your academic career. It is a requirement of admission that you agree to take any tests deemed necessary by this institution. In those instances where tests are administered by an external entity, you hereby agree for the result of such tests to be released to that institution. The purpose of this agreement and requirement is to comply with the legislature's expressed intent that institutions regularly evaluate and improve instruction at all levels. Any test scores obtained under this agreement by Nashville State Community College will be treated with the strictest confidentiality as required by law.

The federal campus Sex Crimes Prevention Act and the Tennessee College and University Campus Sex Crimes Prevention Act of 2002 require that whenever a sex offender becomes employed, enrolls as a student or volunteers at an institution of higher education in the state of Tennessee, he or she must complete or update the Tennessee Bureau of Investigation (TBI) sexual offender registration/monitoring form and deliver it to TBI headquarters in Nashville. Students may obtain Tennessee Bureau of Investigation (TBI) Sexual Offender of Safety Offender Registration/Monitoring forms in the Office of Safety and Security, Office A-70A.

I understand that withholding information on this application or giving false information may make me ineligible for admission to, or continuation in, Nashville State Community College. Accordingly, I certify that all of the information and statements provided by me on this application are correct and complete. Further, if I am admitted to Nashville State Community College, I agree to abide by the rules and regulations of the institution.

**In addition to the forgoing, the Tennessee Eligibility Verification for Entitlements Act requires an applicant for in-state tuition or state financial aid to attest under penalty of perjury that he or she is either a United States citizen or alien lawfully present in the United States. By submitting this application, I am attesting that I am either a United States citizen or alien lawfully present in the United States or I am not requesting any state benefits including in-state tuition.**

**I understand that this attestation is required by Tennessee law if I have applied for a state public benefit. I understand that Tennessee law requires me to provide documentation verifying the status indicated above prior to receipt of this state public benefit. I understand that knowingly and willfully making a false, fictitious, or fraudulent statement or representation shall subject me to liability under the Tennessee False Claims Act, Tennessee Code Annotated 4-18-101 et seq. I understand that if I am found to have made a false or misleading statement, my state public benefits may be rescinded or I may be disciplined by the college.**

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

120 White Bridge Road \* Nashville, TN 37209 \* 615-353-3333 \* 1-800-272-7363 \* www.nsc.edu \* A Tennessee Board of Regents College