

Dual/Joint Enrollment Application for Admissions

email: highschoolprograms@nsc.edu

website: 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: | Submit all forms & transcripts to: |
| - www.nsc.edu | NSCC |
| - Select Apply (teal box in the top right corner) | High School Programs |
| - Select Apply Now | 120 White Bridge Rd |
| - Create a first time user account | Nashville, TN 37209 |
| - Login | |
| - Select 10 Dual Enrollment – in High School as the application type | |
| - Complete and submit the application | |
- (2) Complete and submit Participation Form (attached)
(3) Complete and submit the Immunization/Applicant Signature Form (attached)
(4) Submit an official High School Transcript
(5) Submit ACT or SAT scores (Pre-ACT or PSAT accepted if no ACT or SAT scores available)*
(6) Apply for the Dual Enrollment Lottery Grant online (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.

Note: 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	Clarksville Campus	(931) 551-7004
Business Office	(615) 353-3310	Dickson Campus	(615) 740-5998
Records	(615) 353-3218	East Davidson Campus	(615) 986-7444
Testing Center	(615) 353-3564	Southeast Campus	(615) 780-2760
		Humphreys Cty 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 the Access Center at 615-353-3721.

*The ACCUPLACER placement test may be taken as a substitute for ACT/SAT scores to meet eligibility requirements for registration into college courses. The ACCUPLACER 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. ACCUPLACER 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 provided the student has a current application for admission on file.

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* (mm/dd/yy):

Date of TN Residency (mm/yyyy):

____ - ____ - ____ / ____ / ____ / ____

*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) that we can release this info to _____

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

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 measles, mumps, rubella, varicella, and hepatitis B infections 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 these diseases. The required information below includes the risk factors and dangers of these diseases as well as information on the availability and effectiveness of vaccines for persons who are at-risk for these diseases. The information concerning each disease is from the Centers for Disease Control and the American College Health Association.

The law does not required 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.

Check only **one**:

- 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.

Measles, Mumps, Rubella (MMR) and Varicella Immunizations:

Measles, causes fever, rash, cough, runny nose, and red, watery eyes. Complications can include ear infection, diarrhea, pneumonia, brain damage, and death.

Mumps causes fever, headache, muscle aches, tiredness, loss of appetite, and swollen salivary glands. Complications can include swelling of the testicles or ovaries, deafness, inflammation of the brain and/or tissue covering the brain and spinal cord (encephalitis/meningitis), and, rarely, death.

Rubella causes fever, sore throat, rash, headache, and red, itchy eyes. If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects.

Varicella (chickenpox) causes blister-like rash, itching, fever, and tiredness. Complications can include severe skin infection, scars, pneumo-nia, brain damage, or death.

You can protect against these diseases with safe, effective vaccination.

Check only **one**:

- Mark One** {
- I hereby certify that I have read this information and I have had the entire series of MMR and Varicella vaccines.
 - I hereby certify that I have read this information and I have elected not to receive the MMR and Varicella vaccines.
 - I hereby certify that I have read this information and I have elected to receive the MMR and Varicella vaccines and/or I am in the process of receiving the complete series of MMR and Varicella vac-

SIGN HERE { **Signature of PARENT** _____ **Date** _____
 (Parent/Guardian must sign if student is under the age of 18)

For more information about these diseases and the vaccine schedules, 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. Updated 11-9-17 lpm

Name: _____ Date of Birth: _____
Last First MI Month/Day/Year

NSCC Application Agreement, Signature and Disclaimer

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 foregoing, 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.

SIGN HERE } **Signature of STUDENT** _____ **Date** _____

Course Registration Information

You can view the NSCC Class Schedule for all campuses online.

What course do you want to take? <small>Include college course name, number, etc.</small>	Where do you want to take it? <small>Which NSCC campus will you attend or will you be taking classes at your high school?</small>	Do you want to take the class online or in the classroom? <small>Not all college courses are available online.</small>	When do you want to take it? <small>Only applicable if you will be attending a NSCC campus. Include days and times. .</small>