LABETTE COMMUNITY COLLEGE
CONCURRENT/DUAL CREDIT APPLICATION

PLEASE TYPE OR PRINT IN INK

Tuition Paid $_____

Textbook Amt. Paid $_____

Initials _____
OFFICE USE ONLY
Student on Computer _____Date _____

When do you plan to enter LCC? _____ Fall 20_____ _____Spring 20_____ _____Summer 20_____ **LCC only** _____

Legal Name _____
LAST (SUFFIX) FIRST MIDDLE MAIDEN OR OTHER

Social Security Number _____ Birth Date _____/_____/_____ Female _____ Male _____

Permanent Address_____
STREET CITY STATE ZIP CODE

Phone _____ Cell Phone _____ E-mail Address _____

Person to contact in case of an emergency: _____
LAST NAME FIRST NAME RELATIONSHIP

_____
STREET CITY STATE ZIP CODE PHONE NUMBER

Are you a Kansas Resident? Yes _____ No _____ Date KS residency began _____/_____/_____ Legal County of Residence: _____

Ethnicity: (Check One) _____ Hispanic or Latino _____ Not Hispanic or Latino

Race: (Check One) _____ American Indian/Alaskan Native _____ Asian _____ Black/African American
_____ Native Hawaiian/Other Pacific Islander _____ White

Have you traveled/lived outside the United States for at least 3 months? Yes _____ No _____ If yes, please provide dates & countries. _____

_____
HIGH SCHOOL CITY, STATE GRADUATION DATE (MO/YR)

Do you grant permission to Labette Community College to release your college grade(s) to your high school? Yes _____ No _____

Labette Community College has permission to use my directory information, student identification photograph, and future photographs for the purpose of institutional research, student verification, and/or marketing. Yes _____ No_____ (If unchecked the college assumes permission is given.)

Course Code	Course Title	Credit Hours	Time of Class	Day	Instructor

I certify that all the information I have provided on this application is complete and correct to the best of my knowledge. I also understand that there are minimum assessment and program standards that I must adhere to in order to be accepted and remain in the concurrent/dual credit program at LCC. Failure on my part to maintain minimum performance standards and comply with College program requirements may result in my dismissal from LCC.

_____
Student's Signature Parent's Signature Date

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I certify that the above named student is enrolled as at least a high school sophomore, or is certified as "gifted" with an IEP (copy must be attached) that specifies college study, and has permission to enroll at Labette Community College for college credit during the 20_____- 20_____ academic year.

I understand that failure by the student to comply with College and program requirements may result in student dismissal from the concurrent/dual credit program.

_____ _____
High School Principal's Signature Date

A current high school transcript must be submitted that documents that the minimum GPA requirement has been met.
(2.0 GPA for Vocational programs and 2.5 for Academic coursework)

GPA _____ H.S. Counselor _____

Labette Community College does not discriminate on the basis of race, color, religion, national origin, sex, age, or qualified handicapped in its education programs, activities, recruitment, admissions, or employment as required by Titles VI, VII, IX, and section 504 of the Rehabilitation Act of 1973. Inquiries should be directed to: Vice President of Student Affairs, Labette Community College, 200 South 14th Street, Parsons, KS 67357. Telephone (620) 421-6700 extension 1264.