



COAHOMA COMMUNITY COLLEGE
**HIGH SCHOOL 2 COLLEGE
DUAL ENROLLMENT PROGRAM**

Dual Enrollment Recommendation Form

It is my pleasure to recommend _____ (student) from
_____ (name of school) to be admitted in the **High
School 2 College Dual Enrollment Program** at Coahoma Community Collge.

The following requirements need to be certified by the high school counselor:

High school grade point average (GPA) _____ (*minimum of 2.5 on 4.0 scale*)

High school Carnegie/Core units completed _____ (*minimum of 14 units*)

Composite ACT score of _____ (*not required*)

High School Counselor/Principal Signature

Date

CCC Dual Enrollment Coordinator Signature

Date

**Please attach the following information to this Dual Enrollment Recommendation Form to
complete the Dual Enrollment Packet:**

1. Coahoma Community College application for admission
2. Official copy of high school transcript with ACT scores (if student has taken ACT)
3. Copy of Immunization Form 121 (immunization records from health department or physician)
4. Copy of social security card

The **COMPLETED** Dual Enrollment Packet must be on file in the Office of Admissions and Records before the above student will be allowed to enroll at Coahoma Community College.

Coahoma Community College
Educational Outreach

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