



Students - Please return this form to your Counselor along with the required signed admissions documents.

Dual Credit Student Admissions Checklist

Student's Name

Student's Hinds ID Number

Student Application completed on Hinds website

1. GO TO HINDSCC.EDU
 2. CLICK ON "APPLY NOW"
 3. CLICK ON "CREATE A PROFILE" AND COMPLETE
 4. COMPLETE THE "APPLY ONLINE" (BE CAREFUL TO CHOOSE THE CORRECT SEMESTER YOU WILL BE ATTENDING COLLEGE)
- *KEEP UP WITH YOUR HINDS ID NUMBER ONCE IT HAS BEEN ASSIGNED! YOU SHOULD ALWAYS CHOOSE AN EMAIL ADDRESS AND PASSWORD YOU CAN EASILY REMEMBER!**

Student Letter of Recommendation

*This will be completed by your Counselor and **DOES** require your signature.*

Dual Credit Acknowledgement Form

*You will be provided a copy of the dual credit Student/Parent Course Agreement Form, along with a Participation Fee Agreement for form review. Keep these copies for your records. You will need to complete the Dual Credit Acknowledgement Form indicating that you have received and agree to provisions of these documents. A FERPA release to allow Hinds Community College to share information with your local high school is also included on this acknowledgement form. Please sign, along with your Parent/Guardian that you agree to each section of this form. *Note: Students wishing to share information with anyone other than the high school will need to have an official FERPA release form on file with the college.*

Student ACT or ACCUPLACER scores (on file with Hinds CC)

This will be completed by your Counselor. Students can choose to have their scores sent to Hinds when completing their score report on the ACT or he/she can have them sent with their transcript.

Student Transcript

*This will be completed BY your counselor.
Counselors: Be sure the transcript is either **signed by Principal OR** has the **Seal of the School** on the transcript.*

Choose one:

This student does have the required number of units and GPA.

This student does not have the required number of units and GPA.

Hinds Community College Liaison's Signature

Date

*All admissions documents should be attached to this form and mailed to:
Hinds Community College, District Office of Admissions and Records, P. O. Box 1100, RAYMOND, MS 39154*



Student's Name: _____

Student's Social or ID: _____

Date of Birth: _____

Student Participation

- I agree to participate in Hinds Community College's Dual Credit program, as well as confirm that I have received a copy of the student/parent agreement form.

Student Signature

Date

- I agree for my child to participate in Hinds Community College's Dual Credit program, as well as confirming that I have received a copy of the student/parent agreement form.

Parent/Guardian Signature

Date

Fee Agreement

- I understand and agree to pay all fees associated with participating in Hinds Community College's Dual Credit program, as well as confirm that I have received a copy of the fee agreement form.

Student Signature

Date

- I understand and agree to pay all fees associated with participating in Hinds Community College's Dual Credit program, as well as confirm that I have received a copy of the fee agreement form.

Parent/Guardian Signature

Date

FERPA

I, _____, acknowledge that as a participant in the dual credit program at Hinds Community College, academic information may be shared by Hinds Community College with my local high school for educational purposes ONLY. I also acknowledge that FERPA rights are applicable to me as a Hinds Community College student and if I desire to have information communicated with any entity other than my local high school, I must complete an Official FERPA Form with the District Office of Admissions and Records at Hinds Community College before any information, verbal or written, can be released.

Student Signature

Date

Parent/Guardian Signature

Date

Hinds Community College Notice of Non-discrimination Statement:

In compliance with Title VI of the Civil Rights Act of 1964, Title IX, Education Amendments of 1972 of the Higher Education Act, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and other applicable Federal and State Acts, Hinds Community College offers equal education and employment opportunities and does not discriminate on the basis of race, color, national origin, religion, sex, age, disability or veteran status in its educational programs and activities. The following have been designated to handle inquiries regarding these policies: **EEOC Compliance:** Sherry Franklin, Vice President for Utica Campus and Administrative Services, Box 1003, Utica, MS 39175; Phone: 601.885.7002 or Email: EEOC@hindsec.edu. **Title IX:** Randall Harris, Vice President for Advancement and Student Services, Title IX Coordinator, Box 1100 Raymond MS 39154; Phone: 601.857.3889 or Email: Titleix@hindsec.edu.



DUAL CREDIT LETTER OF RECOMMENDATION

This letter is to certify that: Student's Name: _____

Student's Social or ID: _____ - _____ - _____

Date of Birth: _____ / _____ / _____

Anticipated Graduation Year: _____

Current Cumulative GPA: _____

Will be/is enrolled in the _____ grade at _____ High School. The student currently meets all requirements, including those stated below, as outlined in the **Student/Parent Agreement**. The student has my permission and recommendation to enroll at Hinds Community College for the _____ semester of 20_____. This student is approved to take the following types of courses (check all that apply).

- Academic courses
- Career Technical Education courses
- Online courses

It is recommended that an academic student should meet the following requirements.

- 14 core Carnegie units as listed in Appendix B of the Mississippi Public School Accountability Standards
- Have a minimum overall high school GPA of a 3.0 on a 4.0 scale.

It is recommended that a career/technical education student should meet the following requirements.

- 14 core Carnegie units as listed in Appendix B of the Mississippi Public School Accountability Standards
- Have a minimum overall high school GPA of a 2.0 on a 4.0 scale and must have sophomore status.

I, _____, (Counselor or Principal) verify the student listed above meet all of the following requirements checked below:

Academic

- Does meet 3.0 GPA requirement
- Does not meet 3.0 GPA requirement
- Does meet 14 hours requirement
- Does not meet 14 hours requirement

Career/Technical Education

- Does meet 2.0 GPA requirement
- Does not meet 2.0 GPA requirement
- Does have sophomore or higher status
- Does not have sophomore or higher status

Student Signature

Date

Counselor/Principal Signature

Date

Hinds Community College Liaison's Signature

Date

Note: This letter of recommendation is good for one semester only. If a student wishes to re-enroll in dual credit courses during subsequent semesters, he or she must provide new letter of recommendation for each semester. Date accepted by DC staff _____