



# High School Dual Enrollment Assessment Form

Student Name \_\_\_\_\_ UIC \_\_\_\_\_

How many high school classes will the student be taking while dual enrolled at Detroit Mercy? \_\_\_\_\_

To be completed by high school guidance counselor or faculty member in an appropriate discipline.

Please provide your assessment of the student's preparation and ability to enroll in the requested course(s).

I attest that \_\_\_\_\_ has earned a cumulative grade point average of \_\_\_\_\_ and approve their participation in the Dual Enrollment Program at University of Detroit Mercy.

Signature of school counselor/official \_\_\_\_\_ Date \_\_\_\_\_

Typing your name serves as an electronic signature.