



DUAL CREDIT/ENROLLMENT LETTER OF RECOMMENDATION

High School: _____

Student's Full Name: _____

Student's Address: _____

Hinds ID Number: _____

Last 4 of SS: _____

Current Cumulative GPA: _____

Classification/Grade Level: _____

ACT Composition (if applicable): _____

Number of Carnegie Units: _____

Semester: _____

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

<u>Academic</u>	<u>Online Courses</u>	<u>Career/Technical Education</u>
<input type="checkbox"/> Does meet 3.0 GPA requirement <input type="checkbox"/> Does meet 14 core high school units OR <input type="checkbox"/> Does meet 30 ACT Composition	<input type="checkbox"/> Does meet 3.0 GPA requirement <input type="checkbox"/> Does meet 14 core high school units OR <input type="checkbox"/> Does meet 30 ACT Composition <input type="checkbox"/> Character traits: Strong time management, self-motivated, excellent communication skills, self-efficiency, persistent, and eager to learn. <input type="checkbox"/> Internet access and a reliable desktop computer or laptop	<input type="checkbox"/> Does meet 2.0 GPA requirement <input type="checkbox"/> Does have sophomore or higher status

Student Signature

Date

Counselor/Principal Signature

Date