Dual Enrollment / Advanced Scholars Application

Eligibility to Enroll Certification

Applicant Name: _____

Last *First* *Middle*

An official at the applicant's high school must sign to confirm that the applicant has permission to enroll in (a) course(s) at Virginia Wesleyan University. This official attests that the applicant is in good academic standing, is academically prepared for college-level coursework, and has permission to enroll in the course(s) indicated below. An

Credit Hours

Sending official name (please print):_____

Title: _____ Phone Number: _____

Sending official signature: _____ Date: _____

School Name: _____

Department: _____

Address: _____

City, State, Zip: _____

Please return this signed form via e-mail to enrollment@vwu.edu or fax to 757.461.5252 attn: Registrar at

If you have any questions, please contact the Office of Enrollment Services at enrollment@vwu.edu or 757.455.3208.