Texas A&M University-Corpus Christi

The Island University

Elite Islander Dual Credit Program Application

(Please complete a separate application for each dual credit course requested.)

_____ - _____ - _____ _____

Social Security Number Phone Number

_____

Last Name First Middle

_____ Junior Senior

Name of High School

Dual Credit Course
Name/Number/Section_____Semester_____

In signing this application, I agree to abide by all University rules and policies governing the dual credit agreement between the Independent School District and Texas A&M University-Corpus Christi. I have read and accept the information contained in the Dual Credit Handbook, and I understand that A&M-CC Dual Credit courses are regular University classes. I authorize the release of grades and academic information and an official University transcript between the Independent School District and Texas A&M University-Corpus Christi.

_____

Signature of Student Applicant Date

_____

Signature of Parent/Guardian Date

This student has met all eligibility requirements and is eligible to take the course requested.

_____

High School Counselor Signature Date

_____

High School Principal Signature Date

_____

A&M-CC Director of Admissions & Records Date

This application must be accompanied by an official copy of the student's high school transcript, appropriate entrance test scores and a completed Texas A&M University Application for Admission.