

**DUAL ENROLLMENT PROGRAM
REQUEST FOR PARTICIPATION**

SCHOOL: _____

Address: _____ City: _____ State: TN Zip: _____

School Principal: _____

School Counselor/DEP Coordinator: _____

Contact Telephone Number: Office: _____ Cell: _____

Dual Enrollment Class Requested: _____

Number of Students (**JUNIORS & SENIORS ONLY**): _____

Semester/Year Requested: (**Spring or Fall**)/Year: _____/_____

Time / Days Of Class: _____ / _____ Instructor: _____

*****PLEASE NOTE: APPLICATION REQUESTS MUST BE RECEIVED BEFORE THE DEADLINES:**

- **Fall Semester (August – December) Deadline Date: APRIL 1**
- **Spring Semester (January – May) Deadline Date: NOVEMBER 1 *(prior year)**

*** REMEMBER: ALL DEP Programs must be approved by the appropriate LOC Division Head:**

Division of Business Administration - Dr. Katherine Causey (*Signature*): _____

Division of Education – Dr. Ralph Calhoun: (*Signature*): _____

Division of Social/Behavioral Sciences - Mr. Michael Robinson: (*Signature*): _____

Division of Natural/Mathematical Sciences - Dr. Sherry Painter: (*Signature*): _____

Division of Humanities & Fine Arts - Mr. Clay Foster: (*Signature*): _____

- **ACT Scores and Official Transcripts are REQUIRED for each student**
- **Classroom Assessment Evaluation will be done twice each semester**

PLEASE FAX or E-MAIL THIS REQUEST APPLICATION TO: Samuel L. King, Director

Office of Admissions and Recruitment

Fax: (901) 435-1524

E-Mail: samuel_king@loc.edu