



SCHOOL COUNSELOR DUAL ENROLLMENT FORM

Please complete the following information below. Your signature certifies that the named student is currently enrolled, is a student in good standing, and/or you approve of their course selection(s).

Student Name _____ SASID# _____

High School _____ Graduation Year _____

This student currently maintains a GPA of 2.0 or higher. Yes No If no, please provide their GPA: _____

School Counselor Signature _____ Date _____

School Counselor Printed Name _____

Under FERPA §99.34(b) Berkshire Community College may share dual-enrolled student information with the high school without consent of the student.

COURSES FOR _____ SEMESTER

List the BCC course(s) below that the student wishes to take, including day, time and location ([Course Catalog - Ellucian Student Application \(berkshirecc.edu\)](#)).

Course 1 This course will be accepted for high school credit: Yes No

Course/Section (ex. ENG 101 02) _____

Course Name _____

Day/Time _____ Faculty _____

Course 2 This course will be accepted for high school credit: Yes No

Course/Section _____

Course Name _____

Day/Time _____ Faculty _____

Course 3 This course will be accepted for high school credit: Yes No

Course/Section _____

Course Name _____

Day/Time _____ Faculty _____

Course 4 This course will be accepted for high school credit: Yes No

Course/Section _____

Course Name _____

Day/Time _____ Faculty _____

Course 5 This course will be accepted for high school credit: Yes No

Course/Section _____

Course Name _____

Day/Time _____ Faculty _____