



# Transition from Dual Enrollment To VHCC Curricular Student

**Directions:** Complete the form and sign at the bottom of the page. Return the form to your Career Coach or High School Counselor, who will then submit the form to the VHCC Admissions Office.

Name: \_\_\_\_\_  
Last Name First Name Full Middle Name

Empl. ID#: \_\_\_\_\_ or SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

High School: \_\_\_\_\_

High School Graduation Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

In what type of classes will you be enrolling?  Credit  Non-Credit  Both

Plan/Major at VHCC: \_\_\_\_\_

What term will you begin classes?  Summer (May)  Fall (August)  Spring (January) Year: 20\_\_\_\_

Home Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
PO Box or Street  
\_\_\_\_\_  
City State Zip Code

E-mail Address: \_\_\_\_\_

My high school transcript is attached:  Yes  No

I have submitted my FAFSA application:  Yes  No

I have taken the COMPASS Placement Test:  Yes  No

I have taken the SAT or ACT Test (If Yes, Please Provide Scores):  Yes  No

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Admissions Office**  
**Virginia Highlands Community College**  
**PO Box 828, Abingdon, VA 24212**

**Main: 276-739-2400 Admissions Office: 276-739-2508 Toll Free: 877-207-6115 (in select areas)**

**Physical Address: 100 VHCC Drive, Abingdon, VA 24210**