

Mailing Address: ____

WYTHEVILLE COMMUNITY COLLEGE

1000 East Main Street • Wytheville, VA 24382

Transition from Dual Enrollment To WCC Curricular Student

Directions: Complete the form and sign at the bottom of the page. Submit the form to the WCC Admissions Office upon completion.

Name:

Last Name First Name Full Middle Name

UserID#:

Or SSN:

Date of Birth:

High School:

High School Graduation Date:

Plan/Major at WCC:

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

Home Telephone:

My high school transcript, including first semester grades are attached:

Yes

No

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

Student Signature: _____ Date:

Admissions Office
Wytheville Community College
1000 E Main St, Wytheville, VA 24382
Main: 276-223-4700 Admissions Office: 276-223-4701