

UNIVERSITY OF LOUISIANA AT MONROE

RECOMMENDATION FOR ULM DUAL ENROLLMENT PROGRAM

To be completed by student:

Name _____
Last First Middle

Address _____

Phone _____ Email _____

High School _____

School Address _____

Phone _____ Fax _____

I understand that I must meet ULM's admission requirements and all course prerequisites.

Signature of Student

Date

Dual Enrollment Course(s):

To be completed by High School Officials:

Student's grade level: 10 11 12

Student's Cumulative GPA _____

Student's ACT/SAT Score _____

Composite _____

English _____

Mathematics _____

Student is addressing CORE Curriculum Yes No

Signature of Principal

Date

Note: This signature indicates the Principal's approval and Recommendation of this student to participate in the ULM Dual Enrollment Program. Signature must be original, and Stamped signature will not be accepted.

For Office Use Only:	
Date received	_____
Received by	_____