

PART II

VIRGINIA WESTERN COMMUNITY COLLEGE

THIS APPLICATION ADDENDUM MUST BE COMPLETED BY A PARENT OF EACH STUDENT WHO WISHES TO PARTICIPATE IN THE COLLEGE'S DUAL ENROLLMENT PROGRAM

Since you have completed Part I of the application process, you should have received an identification number immediately upon its completion. **This number should be added in space which is highlighted below:**

With my signature and date, I grant my son or daughter permission to register for dual enrollment classes being offered through Virginia Western Community College and verify that all information provided on the application is correct:

Parent(s) Signature _____ Date _____

Son/Daughter's Full Name (please print) _____

Son/Daughter's high school of attendance _____

Son/Daughter's birth date _____

VWCC Identification Number _____

PLEASE NOTE: Your child's application to Virginia Western Community College cannot be processed unless this form is completed and mailed back to the following address:

Admissions and Records Office
Virginia Western Community College
POB 14007
Roanoke, VA 24038

Or

FAX to the Admissions and Records Office at (540) 857-6102