



DUAL CREDIT/ENROLLMENT LETTER OF RECOMMENDATION

High School:

Student's Full Name:

Student's Home Address:

City:

State:

Zip:

Hinds ID Number:

Last 4 of SS:

Current Cumulative GPA:

Classification/Grade Level:

ACT Composition (if applicable):

Number of Carnegie Units:

Academic School Year:

I, _____, (Counselor or Principal) verify the student listed above meets the dual credit/enrollment requirements checked below:

<u>Academic</u> (Face-to -Face & Online)	<u>Career/Technical Education</u>
<input type="checkbox"/> Does meet 3.0 GPA requirement <input type="checkbox"/> Classified as Junior or Senior OR <input type="checkbox"/> Does meet 30 ACT composite score	<input type="checkbox"/> Does meet 2.0 GPA requirement <input type="checkbox"/> Classified as Sophomore or higher OR <input type="checkbox"/> Does meet 30 ACT composite score

Student Signature

Date

Counselor/Principal Signature

Date