



**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**

**Semester:**

I, \_\_\_\_\_, (Counselor or Principal) verify the student listed above meet all of the following requirements checked below:

<u>Academic</u>	<u>Online Courses</u>	<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 Composition	<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 Composition  <input type="checkbox"/> Character traits: Strong time management, self-motivated, excellent communication skills, self-efficiency, persistent, and eager to learn. <input type="checkbox"/> Internet access and a reliable desktop computer or laptop	<input type="checkbox"/> Does meet 2.0 GPA requirement <input type="checkbox"/> Does have sophomore or higher status

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor/Principal Signature

\_\_\_\_\_  
Date