Welcome! We are very excited to have you join us for dual enrollment at Toccoa Falls College. Here you will find you checklist for registration for public/private high school students. Look below to find the checklist and follow the instructions to register for your classes. All applications and forms can be found in this packet, or by visiting www.tfc.edu/dual-enrollment.

On that same webpage, we also have various resources to prepare you for your dual enrollment experience with us, including a new Frequently Asked Questions section and step-by-step guides for accessing classes and your TFC email. We hope that you have a great experience dual enrolling with us and look forward to working with you!

New Public/Private School Student Registration Checklist:

To Apply:

____ Complete the Application for Admissions, found by going to

www.tfc.edu/dual-enrollment

____ Send high school transcript, along with transcripts from any other colleges

to:

Office of Admissions
107 Kincaid Dr.
Toccoa, GA 30577

Once Accepted:

____ Complete the Dual Enrollment Form and email to dualenrollment@tfc.edu

____ Complete & Submit the online MOWR Application via GA Futures

Please read the following information before proceeding through the rest of the registration packet.

As a public/private school student, you are required to submit the **online** MOWR Application, found on GA Futures. For your convenience, I have included the link to the application, below. If you do not submit this application, you will not receive the state-funding to cover the costs of your tuition and books. Note that this application MUST be submitted every semester that you take dual enrollment classes.

https://www.gafutures.org/hope-state-aid-programs/scholarships-grants/move-on-when-ready/application-procedure-and-deadline/

*You will only be required to submit a paper application if one of the following scenarios applies to you:

1. You are an international student without a social security number
2. You belong to one of the following schools:
    a. Liberty Faith Christian Academy - Moultrie, GA

DUAL ENROLLMENT FORM

Dual Enrollment Coordinator 888-785-5624
MSC 728 706-886-7299 ext. 5354
Toccoa Falls, GA 30598 www.tfc.edu

TOCCOA FALLS COLLEGE

Enrollment Information

Anticipated High School Graduation Date: _____

Semester in which you are enrolling: □ Fall □ Spring □ Summer Year: 20____

Desired Dual Enrollment Class Schedule:

Course: _____ Days/Times (on campus): _____ Session (online A/B): _____

Course: _____ Days/Times (on campus): _____ Session (online A/B): _____

Course: _____ Days/Times (on campus): _____ Session (online A/B): _____

Course: _____ Days/Times (on campus): _____ Session (online A/B): _____

Demographic Information

Full Legal Name: _____
Last First Middle or Maiden Preferred First Name

Permanent Address: _____
Street Address

_____
City County State Zip

Home Phone (___) ____ - _____ SSN _____-_____-_____ Date of Birth ___/___/_____

Parent Agreement

I give my child permission to participate in the Dual Enrollment program of Toccoa Falls College. I believe that it is in the best interest of my child to participate in the program; therefore, I agree to cooperate fully with my child, the college, and the high school. I understand that the college is not responsible for any injury my child may incur while attending, or participating in, any college sponsored program or activity.

_____
Signature of Parent or legal Guardian Date

Student Agreement

I give my permission to Toccoa Falls College to send my high school an official TFC transcript at the end of each semester.

_____
Signature of Student Date

High School/ Home School Agreement

Grade Level: _____ Cumulative GPA: _____ ACT or SAT Score: _____

High School: _____ Phone: (____) ___ - _____

Address: _____

I recommend this student to participate in the dual enrollment program at Toccoa Falls College. I understand the conditions of admission to the dual enrollment program as listed in the college catalog and certify that the student is qualified for participation. I also agree to provide Toccoa Falls College with an official high school transcript after high school graduation showing high school graduation date.

_____ _____
Print Name of High School/Home School Official Signature of High School/ Home School Official
Date

_____ _____
Telephone Number Email Address

Send this form to the Dual Enrollment Coordinator at Toccoa Falls College. If you have any questions concerning this Dual Enrollment Form, please call 706-886-6831 ext. 5354.

Toccoa Falls does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities.
The President has been designated to handle inquiries regarding the nondiscrimination policies: President, Toccoa Falls College, Toccoa Falls, GA 30598, 706-886-7299 ext. 5200