



**DUAL ENROLLMENT  
COUNSELOR RECOMMENDATION**

Student's Name: \_\_\_\_\_

In comparison to other students at your school, would you say this student's course selection is:

Most demanding \_\_\_\_\_ Demanding \_\_\_\_\_ Average \_\_\_\_\_ Below Average \_\_\_\_\_

\_\_\_\_\_ I recommend this student for special admission to Franklin College's Dual Enrollment program.

\_\_\_\_\_ I do not recommend this student for special admission to Franklin College's Dual Enrollment program.

\_\_\_\_\_ This student meets the Franklin College Dual Enrollment Program minimum GPA qualifications of 2.5.

\_\_\_\_\_ This student is Free and Reduced Lunch eligible. (Application fee waived)

**Counselor's Comments**

Counselor (Printed) \_\_\_\_\_

Phone # \_\_\_\_\_

Counselor Signature \_\_\_\_\_

Date \_\_\_\_\_

*Please return this form, along with student transcript to:*

*Office of Admissions, Franklin College, 101 Branigin Blvd., Franklin, IN 46131*