

**2024-2025 MATC DUAL ENROLLMENT ACADEMY COUNSELOR
RECOMMENDATION**

Student Information

Student Name: _____
High School: _____
MATC DEA Choice: _____

Counselor Recommendation - Completed by High School Counselor

Counselor Name: _____
Counselor Email: _____
Office Phone Number: _____

Will this student be in 12th grade at the start of 2024-2025 Academic Year: Yes No

Is this student in good academic standing and on track to graduate: Yes No

Does this student have a cumulative GPA of 2.0 or better: Yes No

Does this student have an IEP or 504 plan: Yes No

Has this student had attendance issues in the past: Yes No

If yes, are there extenuating circumstances? Please explain:

What graduation requirements does this student need to complete during the 2024-2025 school year?
Please list:

Would you recommend this student for MATC's Dual Enrollment Academy: Yes No

Additional comments:

COUNSELOR SIGNATURE – IN SIGNING THIS DOCUMENT, I certify the information provided on this student in this section is true and accurate.

Counselor Signature: _____ Date: _____

Please return this form to the student or email completed recommendation to MATC Dual Credit, dualcredit@matc.edu by March 1, 2024.