



DRURY
UNIVERSITY

DUAL CREDIT

**Drury University
Dual Credit
Associate Degree Letter of Intent**

To: Beth Nation, Drury Dual Credit Director
From: _____ High School
Date: Summer / Fall / Spring (please circle) 20_____
Re: High School Student – Associate Degree

This letter is to confirm that _____ has the academic and personal attributes to complete a Drury University Associate Degree by their high school graduation date of _____.

This student has a high school GPA of at least 3.0.

All parties agree to earn an associate degree while enrolled in high school is a commitment to academic excellence beyond the requirements of a high school diploma set forth by DESE (Department of Elementary and Secondary Education) and the student's high school.

Drury University' Dual Credit Program is requiring signed permission from the high school principal, the high school counselor, and the student's legal parent/guardian to ensure parties collaborate to help support the student in obtaining a Drury University Associate Degree.

If you agree the student above has the academic and personal ability to successfully complete an associate degree, please sign and date below.

Thank you,

Beth Nation
Drury University
Dual Credit Director
enation@drury.edu/417.873.7676

Student Signature

Date

Parent/Guardian Signature

Date

Counselor Signature

Date

High School Principal

Date