



Dual Credit Form

Name: _____

Grade: _____

Please fill out the below information if you intend to take dual credit courses for the 23-24 school year. Please keep in mind this does not replace the approval form needed for dual credit registration. This form will allow your counselor to track eligibility and graduation requirements.

Course Name:

Please be as specific as possible. (Ex: Comp 101, College Algebra, Fund. of Speech, etc.)

College:

Please circle where you intend to take the course through.

Term:

Please circle which term you intend to take the course in.

_____	BOR or WDT	Fall or Spring
_____	BOR or WDT	Fall or Spring
_____	BOR or WDT	Fall or Spring
_____	BOR or WDT	Fall or Spring
_____	BOR or WDT	Fall or Spring