



Dual Credit Enrollment Verification

Name _____
 Last First Initial Colleague ID

Home Address _____
 Street Apt. No Date of Birth

_____ City State Zip Primary Phone

Alternate Phone _____ Email **Communication from the college will be sent to this email address.*

Semester: Fall Spring Summer Year: _____

Student Signature _____
**Your signature verifies that you are requesting to be registered for the classes listed below.*

Principal or Counselor Signature _____

Print Name _____ Phone _____

Example:

Dept.	Course	Section	Course Title	Semester Hours	Days	Time	Location
HUM	104	072	Humanities Through the Arts	3	M / W	10am – 11am	J 105

Entered by _____

Date: _____

**Please print clearly.*