



## 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.*