



DUAL CREDIT ENROLLMENT REQUEST

(Complete and submit to the WCC Coordinator of Dual Enrollment who will process and verify enrollment.
Processed Forms are stored at WCC.)

Semester: FALL SPRING SUMMER

YEAR: 2022-23

Last Name: _____

First Name: _____

USER ID: _____

<u>Class Number</u>	<u>Course Number</u>	<u>Section</u>	<u>Credits</u>	<u>Meeting Day(s)</u>	<u>Location</u>

Student Signature: _____ Date: _____

Coordinator Signature: _____ Date: _____