# 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:** 2023/2024

**Last Name:** ____________________________

**First Name:** ____________________________

**USER ID:** ____________________________

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<th>Course Number</th>
<th>Section</th>
<th>Credits</th>
<th>Meeting Day(s)</th>
<th>Location</th>
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**Student Signature:** ____________________________

**Instructor Signature (if student is absent):** ____________________________

**Date:** ____________________________

**Coordinator Signature:** ____________________________

**Date:** ____________________________