

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: 2025/2026

Last Name: _____

First Name: _____

USER ID or DOB: _____

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

Student Signature: _____

Instructor Signature (if student is absent): _____

Date: _____

Coordinator Signature: _____

Date: _____

Begin Here. Become Anything.

APPROVAL IS NEEDED FOR THE FOLLOWING EXCEPTIONS BY THE APPROPRIATE ACADEMIC DEAN:

- Permission to register past the deadline.
- Permission to withdraw past the deadline.
- Permission to waive (or substitute) a prerequisite for a course.

REASON:

APPROVED:

Dean

Date