

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 ☐
2026-2027

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: _____

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