DUAL CREDIT ENROLLMENT REQUEST

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

Semester: FALL ☐ SPRING ☐ SUMMER ☐ YEAR: 2021-2022

Name: (Last) ___________________ (First) ___________________ (Middle Initial) _____

USER ID: _______________

<table>
<thead>
<tr>
<th>Class Number</th>
<th>Course No.</th>
<th>Section</th>
<th>Credits</th>
<th>Meeting Time(s)</th>
<th>Location</th>
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Total Credits Added

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Total Credits Dropped

Request for Exceptions – See back of this form

Student Signature ______________ Date ______ Advisor Signature ______________ Date ______

☐ CHECK THIS BOX IF PERMISSION FOR AN EXCEPTION WAS APPROVED ON THE BACK OF THIS FORM
### APPROVAL IS NEEDED FOR THE FOLLOWING EXCEPTIONS BY THE VICE PRESIDENT OF INSTRUCTION AND STUDENT DEVELOPMENT:

- [ ] Permission to register for more than 18 credits excluding SDV 100 (Written justification for the overload is required.)
- [ ] Permission to enroll in a full class.

Approved ______________________________ (Vice President of Instruction)

Date ______________________________

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

- [ ] Permission to register past the deadline.
- [ ] Permission to withdraw from class(es) after the deadline.

Reason ____________________________________________________________________________

___________________________________________________________________________________

Approved ______________________________ (Date) ______________________________

### APPROVAL NEEDED BY THE APPROPRIATE ACADEMIC DEAN:

- [ ] Permission to waive (or substitute) a pre-requisite for a course.

Reason ____________________________________________________________________________

___________________________________________________________________________________

Approved ______________________________ (Date) ______________________________

### APPROVAL IS NEEDED TO DROP CLASS(ES) AFTER THE DEADLINE AND RECEIVE A TUITION REFUND:

Reason ____________________________________________________________________________

Financial Aid’s approval ______________________________ (Date) ______________________________

VP of Instruction’s approval ______________________________ (Date) ______________________________

VP of Finance’s approval ______________________________ (Date) ______________________________