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:  
________________________

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<th>Class Number</th>
<th>Course Number</th>
<th>Section</th>
<th>Credits</th>
<th>Meeting Day(s)</th>
<th>Location</th>
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Student Signature:  
______________________________ Date: ____________

Coordinator Signature:  
______________________________ Date: ____________