

DUAL CREDIT HIGH SCHOOL TRANSFER FORM

STUDENT INFORMATION

Name: _____ A#: _____
Last First Middle
 Grade Level: _____

HIGH SCHOOL INFORMATION

Date of Transfer: _____ HS Counselor Signature: _____

SEMESTER & COURSE INFORMATION

Year: _____
 Check One Term: Fall Spring Summer I Summer II Summer III

Name of High School Transferring From: _____

Course:	Section:	CRN:

Name of High School Transferring To: _____

Course:	Section:	CRN:

REQUEST FOR REGISTRATION & INSTRUCTOR AGREEMENT

 Student Consent _____
Date

 Receiving Instructor Approval _____
Date

▼▼▼▼▼ Office Use Only ▼▼▼▼▼

Date Form Received: _____ Date Form Processed: _____

Completed By: _____

Notes: _____