WYTHEVILLE COMMUNITY COLLEGE
1000 East Main Street ● Wytheville, VA 24382

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: 2019-2020**

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

USER ID: _____

Class Number	Course No.	Section	Credits	Meeting Time(s)	Location
				Total Credits Added	
Class Number	**Course No.**	**Section**	**Credits**	**Meeting Time (s)**	**Location**
				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

Rev.11/11/2013

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)** _____