

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:

SPRING

SUMMER YEAR: <u>2020-2021</u>

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

FALL

USER ID:

Class	Course No.	Section	Credits	Meeting Time(s)	Location	
Number						
					/	
				Total Credits Added		
Class	Course No.	Section	Credits	Meeting Time (s)	Location	
Number						
)	
	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 FOLLO INSTRUCTION AND STUDENT DEVELOP	<u>DWING EXCEPTIONS BY THE VICE PRESIDENT OF</u> PMENT:					
	18 credits excluding SDV 100 (Written justification for the					
Permission to enroll in a full class.						
Approved	Approved (Vice President of Instruction)					
Date						
APPROVAL IS NEEDED FOR THE FOLLO DEAN:	OWING EXCEPTIONS BY THE APPROPRIATE ACADEMIC					
Permission to withdraw from class(e						
Reason						
Approved	(Date)					
APPROVAL NEEDED BY THE APPROPRI	ATE ACADEMIC DEAN:					
Permission to waive (or substitute) a pre-requisite for a course.						
Reason						
Approved	(Date)					
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APPROVAL IS NEEDED TO DROP CLASS(E	S) 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)					