WYTHEVILLE
COMMUNITY COLLEGE

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: 2023/2024

Last Name: _____

First Name: _____

USER ID: _____

Class Number	Course Number	Section	Credits	Meeting Day(s)	Location

Student Signature: _____
Instructor Signature (if student is absent):   _____
Date: _____

Coordinator Signature: _____
Date: _____

Begin Here. **Become Anything.**

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wcc.vccs.edu