



WSCC Dual 2 Degree Early College Course Approval Form

Student Name: _____
(First) (Middle) (Last)

A Number: _____ DOB: _____ Current Grade: _____

High School: _____ Current GPA: _____

Student Phone: _____ Student Email: _____

Select one of the following semesters:

☐ Fall ☐ Spring ☐ Summer

| Course Name & Number | CRN | Location | Days & Times |
|---|-------|-----------------|-----------------------|
| <i>Example: ENG 101 - English Composition I</i> | 20154 | WSCC Hanceville | MW 8:00 AM-9:15 AM |
| | | | |
| | | | |
| | | | |

Counselor Signature: _____ Date: _____

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Phone: _____

Parent/Guardian Email: _____

| Registration Deadlines by Semester | |
|------------------------------------|------------|
| Summer/Fall Priority | April 15 |
| Summer Final | May 15 |
| Fall Final | August 1 |
| Spring Priority | October 15 |
| Spring Final | December 1 |

Dual 2 Degree Contact Information: