Dual Credit Enrollment Verification

Name: _____ _____

Last **First** **Initial** **Colleague ID (Triton Use Only)**

Home Address: _____ _____

Street **Apt. No** **Date of Birth**

_____ _____ _____ _____

City **State** **Zip Code** **Primary Phone**

_____ _____

Alternate Phone **Email** ***Emails from the Office of Dual Credit will be sent to this email address.***

Semester: ☐ **Fall** ☐ **Spring** ☐ **Summer** **Year:** _____

Student Signature _____

Your signature verifies that you are requesting to be registered for the classes listed below.

The High School District will sponsor payment of:

☐ ***Tuition***
☐ ***Textbooks***
☐ ***Other Course Material, please specify:*** _____
☐ ***None of the Above***

Principal or Counselor Signature _____ **Print Name** _____

Example:

Dept.	Course	Section	Course Title	Semester Hours	Days	Time	Location
HUM	104	072	Humanities Through the Arts	3	M / W	10am – 11am	Online

Entered by: _____

(Triton Use Only)

Date: _____