

DUAL ENROLLMENT COURSE APPROVAL FORM



CALHOUN
COMMUNITY COLLEGE
DUAL ENROLLMENT

OFFICE OF ADMISSIONS AND RECORDS • P.O. Box 2216 • Decatur, AL 35609 • 256.306.2500

PLEASE EMAIL THIS FORM TO gwendlyn.baker@calhoun.edu or heath.daws@calhoun.edu or deb.ott@calhoun.edu

Name: _____ SSN/C#: _____
Last First Middle

High School or Home School: _____ Grade Level: _____

Semester: _____ Year: _____

The following courses are approved for the student above in the semester indicated

_____ Date

_____ Counselor or Home School
Administrator Signature

| CRN # | Course Name & Number | SECTION # | CAMPUS | CLASS TIMES | INSTRUCTOR |
|-------|----------------------|-----------|--------|-------------|------------|
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Counselor signature indicates the student continues to meet eligibility requirements for Dual Enrollment (2.5 GPA)

It is the official policy of the AL State Dept. of Education, including Postsecondary institutions under the control of the State BOE, that no person in Alabama shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, activity, or employment.