

DUAL ENROLLMENT COURSE APPROVAL FORM



CALHOUN
COMMUNITY COLLEGE
DUAL ENROLLMENT

DUAL ENROLLMENT DENTAL ASSISTANT REGISTRATION FORM

PLEASE EMAIL THIS FORM TO gwendlyn.baker@calhoun.edu or heath.daws@calhoun.edu or deb.ott@calhoun.edu. This form Must be signed by both student and school representative.

Name: _____ Birthdate or A# _____
Last First Middle

School Name: _____ Grade Level: _____

Semester: _____ Year: _____

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

Student Signature

Date

Counselor or School
Administrator Signature

DENTAL ASSISTING TECHNICAL COURSES		
<i>DAT courses must be taken in sequence as organized in a three-semester curriculum plan 1st Semester</i>		
Course	Description	Credit Hrs.
DAT 100	Introduction to Dental Assisting	2
DAT 101	Preclinical Procedures i	3
DAT 102	Dental Materials	3
DAT 103	Dental Anatomy & Physiology	3
EMS 100	Cardiopulmonary Resuscitation	1

Counselor signature indicates the student meets the requirements to participate in high school Dual Enrollment.

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.

(REV 4/21)