



High School Dual Enrollment Course Request Form

Academic Year _____

Student Handbook



Please Print NAME

LAST _____ FIRST _____ Middle _____

Date of Birth (Month/Day/Year) _____

Email _____ Cell Phone _____ Alternate phone _____

Street Address _____ City _____ State _____ ZIP _____

Fall Semester:

Dept. Code	Course Number	Section Letter	Course Title	Credit Hours	Time of Class	Day						Location
						M	T	W	T	F	S	

Spring Semester:

Dept. Code	Course Number	Section Letter	Course Title	Credit Hours	Time of Class	Day						Location
						M	T	W	T	F	S	

Summer Semester:

Dept. Code	Course Number	Section Letter	Course Title	Credit Hours	Time of Class	Day						Location
						M	T	W	T	F	S	

TO BE SIGNED BY THE STUDENT

I certify that the information that I have completed on this form is correct. I also understand that there are minimum assessment and program standards that I must adhere to in order to be accepted and remain in courses at Cowley College. Failure on my part to program, maintain minimum performance standards and comply with College program requirements may result in my dismissal from the program.

Student Signature _____ Date: _____

High School counselor:

Please complete student's cumulative GPA information below and submit a current high school transcript/ACT record if utilizing high school coursework or ACT scores to meet assessment/prerequisite requirements.

(2.00 GPA for Vocational Programs and 2.75 GPA for Academic Coursework)

GPA: _____ H.S. Counselor signature: _____ Date _____