

# 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

This form Must be signed by both student and school representative. Until further notice, signatures may be typed.

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Last First Middle

School Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Semester: \_\_\_\_\_ Year: \_\_\_\_\_

**The following courses are approved for the student above in the semester indicated. Please complete the course information in the space provided below.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor or School  
Administrator Signature

	Course Name & Number		High School Campus	Class Period	Instructor Name

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.*