



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: _____