

# NORTHWEST-SHOALS COMMUNITY COLLEGE

## Dual Enrollment/Dual Credit Course Agreement Form

Student's Name	Social Security Number
High School	Date Submitted
School System	10      11      12 Student's Current Grade (Circle One)

The student whose name appears above meets the dual enrollment/dual credit criteria.  
 The student will be allowed to enroll in the following course(s):

Course Number	Course Title	High School Equivalence

### APPROVAL SIGNATURES

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**Local Superintendent of Education or Designee**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Principal**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Dual Enrollment/Dual Credit Coordinator or Designee**

\_\_\_\_\_

**Date**

I give permission to Northwest-Shoals Community College to send final grades in the course(s) listed above to my local high school.

\_\_\_\_\_

**Student**

\_\_\_\_\_

**Date**

Dual Enrollment/Dual Credit approval is required for each term of enrollment.