## **Dual Enrollment Course Approval Form**



Name:			Date	e of Birth:	
	Last	First	MI		
High School Name:			Grade Level for Enrollment Term(s):		
FALL 20					
Course Name & Number	*Campus (See campus codes below)	Term Length (FT = Full Term SS1 = 1st 8-week session SS2 = 2 <sup>nd</sup> 8-week session) FT	<b>Instructo</b> (Optiona	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	**Class Time (Required for classes on a JSCC campus)  MW 8:30 – 9:15
Spring 20					
Course Name & Number	*Campus (See campus codes below)	Term Length (FT = Full Term SS1 = 1st 8-week session SS2 = 2 <sup>nd</sup> 8-week session)	<b>Instructo</b> (Optiona	\ \ \ \	**Class Time (Required for classes on a JSCC campus)
Ex. ENG 101	JC	FT		20385	MW 8:30 – 9:15
*Campus Code	es: ONL = Onlin HS = High So		ampus on Carson I City Campus	Rd. SH = Shelby-Hoover CC = Chilton-Clanton	•
				e found on the course schedule omepage under the search box	
	The course	es above are approved for t	he student abov	ve in the semester(s) indicate	ed.
Student Signature		 Date	Counselor or School Administrator Signature		ntor Signature