Dual Enrollment Drop/Add Form



Name:		Date of Birth:				
	Last	First	MI			
High School Name:			Semester: (ex. Spring 2024)			
CLASS(ES) TO	J DBOD∙					
CLASS(LS) TO	DINOF.					
Course Name & Number						
Ex. El	VG 101					
		I				
CLASS(ES) TO	D ADD:					
Course	*Campus	Term Length		**CRN	**Class Time	
Name &	(See campus codes	(FT = Full Term SS1 = 1st 8-week session	Instructor (Optional)	(Required for classes on a JSCC	(Required for classes on a JSCC	
Number	below)	SS2 = 2 nd 8-week session)	(Optional)	campus)	campus)	
Ex. ENG 101	JC	FT		20385	MW 8:30 – 9:15	
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*Campus Cod	es: ONL = Onlin		ampus on Carson R	•		
	HS = High So	chool PC = St. Clair-Pe	ell City Campus	CC = Chilton-Clanton	Campus	
**The CRNs (t	he 5-digit cours	e registration number) and	class times can be fo	ound on the course schedule	by going to	
				epage under the search box.		
Tł	ne course adjus	stments above are approve	ed for the student	above in the semester(s) in	dicated.	
Student Signature			C	Counselor or School Administrator Signature		