WSCC Dual 2 Degree Early College Course Approval Form

Student Name: _____
(First) (Middle) (Last)

A Number: _____ DOB: _____ Current Grade: _____

High School: _____ Current GPA: _____

Student Phone: _____ Student Email: _____

Select <u>one</u> of the following semesters:

☐ **Fall** ☐ **Spring** ☐ **Summer**

Course Name & Number	CRN	Location	Days & Times
Example: *ENG 101 - English Composition I*	*20154*	*WSCC Hanceville*	*MW 8:00 AM-9:15 AM*

Counselor Signature: _____ Date: _____

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Phone: _____

Parent/Guardian Email: _____

Registration Deadlines by Semester	
Summer/Fall Priority	**April 15**
Summer Final	**May 15**
Fall Final	**August 1**
Spring Priority	**October 15**
Spring Final	**December 1**

Dual 2 Degree Contact Information:
lauren.wilson@wallacestate.edu • **256.352.8241** candice.fomby@wallacestate.edu • **256.352.8050** elise.payne@wallacestate.edu • **256.352.7865**