



# DUAL CREDIT APPROVAL FORM

Admissions Office  
P.O. Box 2216 • Decatur, AL 35609-2216  
205/306-2500 or 1-800-626-3628

Student's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

High School \_\_\_\_\_ Grade Level \_\_\_\_\_

\_\_\_\_\_ has met the enrollment criteria for the Dual Credit program and is hereby granted permission to enroll in the courses listed below.

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Principal

Approved Courses
_____
_____
_____
_____
_____

Term
_____
_____
_____
_____
_____

An Approval Form must be submitted for each term of enrollment. The form should reflect courses approved by your high school for enrollment. Dual enrollment students may **not** enroll for developmental or physical education courses.

### RELEASE OF ACADEMIC RECORD

I authorize Calhoun Community College to release my academic record each term to my high school. This release is counter signed by my parent or legal guardian, if I am less than 18 years of age. This release shall remain in effect until I provide written notice to the Records Office to discontinue the release or until I earn my high school diploma.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian