



# WSCC Dual 2 Degree Early College Course Approval Form

Student Name: \_\_\_\_\_  
(First) (Middle) (Last)

WSCC A Number: \_\_\_\_\_ DOB: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

High School: \_\_\_\_\_ Current GPA: \_\_\_\_\_

Student Phone: \_\_\_\_\_ Student Email: \_\_\_\_\_

Select one of the following semesters:

- Fall       Spring       Summer

Course Name & Number	CRN	Location	Days & Times
<i>Example: ENG 101 - English Composition I</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:

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