



Name _____

V/T # _____

VCHS Dual Enrollment Schedule Recommendation			
Fall <input type="checkbox"/>	Spring <input type="checkbox"/>	Summer <input type="checkbox"/>	Year _____

Block	Subject/Course Number	HS Equivalent	Credit Hours	CRN
1.				
2.				
3.				
4.				
Evening				

Total Recommended Credit Hours: _____

Possible alternative selections if above courses are not available:

	Subject/Course Number	Credit Hours	CRN
1.			
2.			

Notes:

<p>Students are responsible for meeting course prerequisites, fulfilling degree requirements, and are ultimately responsible for their own educational plan and academic success.</p>	
<p>Approved Schedule</p> <p>VCHS Counselor Signature: _____</p> <p>Student Signature: _____</p>	<p>Date: _____</p>

VOL STATE USE ONLY

VSCC APPLICATION

AP FEE

DE GRANT

FALL / SPRING

SECOND GRANT ACCEPTANCE