



DUAL CREDIT CURRENTLY ENROLLED STUDENT FORM

School Year _____ High School I.D.#: _____

Name: _____ SSN: _____ - _____ - _____
PRINT Last, First M.I. *Required

If you have had an address or phone number change, please provide the current information below. NVC requires an email address where information about the dual credit program can be sent.

Address City _____

State _____ Zip Code _____ County _____ Phone Number _____ Alternate Phone _____

*Email Address (Required) _____ Second Email Address _____

High School: _____ Next Grade Level: _____

Expected date of High School Graduation: _____

College course(s) in which currently enrolled:
 _____, _____, _____

College course(s) requested:
 _____, _____, _____

I understand that official college transcripts will not be released until my high school transcript affixed with graduation date and appropriate seal and signature are received by the Office of Student Success. "State law gives you the right to request, receive, and correct information about yourself collected on this form."

 Student's Signature Date

PARENT APPROVAL FOR DUAL CREDIT

I hereby grant my child, _____, permission to continue in the
Student's Name
 dual credit program at Northwest Vista College. Students planning to transfer to another institution are responsible for verifying that dual credit courses will be accepted by the institution they plan to attend.
"State law gives you the right to request, receive, and correct information about yourself collected on this form."

Parent/Guardian: _____
Signature Print Name Date

College Official: _____
Signature Print Name Date