

# High School Dual Credit Program – Advising & Course Planning Form

*Please Return this form to Ms.Nelson*

---

## Student Information:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade Level during HSDC Participation: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

## HSDC Course Information:

Primary Institution: \_\_\_\_\_

*(Where you plan to submit your application)*

Subject	Course Number	Section Number	Course Title	Credit Hours	Course Location	Meeting Days/Times for Course

**This form needs to be turned into Ms.Nelson after you have completed your registration.**