



DUAL CREDIT COURSE REQUEST

Student Name: _____

Student FBISD ID: _____ Student HCC ID: _____

Student Graduation Year: _____ Student Date of Birth: _____

Student Personal Email: _____ Student Cell #: _____

I am requesting enrollment in the following Dual Credit Course(s):

	Semester/Term Ex: Fall 2025	HCC Course Ex. ENGL 1301	High School Course Ex: English IV DC	Location Ex: ACHS or HCC	I have requested this course in SchooLinks*	
1					Yes	No
2					Yes	No
3					Yes	No
4					Yes	No
5					Yes	No

*All Fall or Spring courses must be requested in SchooLinks prior to completing this form. Summer classes do not need to be added to SchooLinks but do require approval.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

For Office Use Only

DC Coordinator Approval Signature: _____ Date: _____

Note: Dual Credit students are **REQUIRED** to cover the cost of the required textbook for each course taken.

- Out-of-district fees are assessed based on a student's home address. Students may be required to pay the fee or the school district may assume responsibility.