

## DUAL CREDIT COURSE REQUEST

					From your HCC acceptance email.
Student Name: Jane Doe					
Student FBISD ID: 654321 Student HCC ID: W123456789					
Student Graduation Year: 2026 Student Date of Birth: 3/20/2008 Student Personal Email: jane.doe@gmail.com Student Cell #: 832-713-2810					
Student Personal Email: jane.doe@gmail.com Student Cell #: 832-713-2810					
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	Locatio Ex: ACHS or	this course in
1	Summer 2025	PSYC 2301	Psychology	HCC	Yes ✓ No
3	Fall 2025	ENGL 1301	English IV DC	ACHS	Yes No  ✓ Yes No
4	Spring 2026	ENGL 1302	English IV DC	ACHS	
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.					
If you want to take DC Co					
Student Signature: Date:				Fall/Spring, you must fill out	
Parent Signature: Date:				this form TWICE One for summer and one for	
Fall/Spring.					
For Office Use Only					Print both; student and parent
DC Coordinator Approval Signature:  Date:					
5					Scan form, save it as PDF, and upload into the document
Note: Dual Credit students are REQUIRED to cover the cost of the require					•

- 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.

textbook for each course taken.