



DUAL CREDIT COURSE REQUEST

Student Name: _____

Student FBISD ID: _____ Student HCC ID: _____

Student Grad Year: _____ Student Personal Email: _____

Student Date of Birth: _____ Student Cell #: _____

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

	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 SchoolLinks*
1					<input type="checkbox"/> Yes <input type="checkbox"/> No
2					<input type="checkbox"/> Yes <input type="checkbox"/> No
3					<input type="checkbox"/> Yes <input type="checkbox"/> No
4					<input type="checkbox"/> Yes <input type="checkbox"/> No
5					<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

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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.