



# 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):

	<b>Term</b> Ex: Fall 2025	<b>HCC Course</b> Ex. ENGL 1301	<b>High School Course</b> Ex: English IV DC	<b>Location</b> Ex: ACHS or HCC	I have requested this course in SchooLinks*
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 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: \_\_\_\_\_

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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.