



ECI Dual Enrollment Course Scheduling

All changes must be made prior to classes starting. This form must be signed by student, parent, and high school counselor prior to submitting to post-secondary institution.

Term(s): _____

Student Name: _____
Last First M.I.

Mailing Address: _____
Street City State Zip Code

Student ID#: _____ Phone: _____

Courses to Add		
CRN Number	Course Subject	Course Number

Courses to Drop		
CRN Number	Course Subject	Course Number



High School Schedule

Summer Semester		
Time/Period	Class	Teacher

Fall Semester		
Time/Period	Class	Teacher
1 st Block 8:00-9:35		
2 nd Block 9:39-11:14		
3 rd Block 11:18-1:23		
4 th Block 1:27-3:02		

Spring Semester		
Time/Period	Class	Teacher
1 st Block 8:00-9:35		
2 nd Block 9:39-11:14		
3 rd Block 11:18-1:23		
4 th Block 1:27-3:02		

Student: _____

Date: _____

Parent: _____

Date: _____

High School Counselor: _____

Date: _____