



## SHS 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 <sup>st</sup> Block 7:55-9:30		
2 <sup>nd</sup> Block 9:38-11:13		
3 <sup>rd</sup> Block 11:18-1:25		
4 <sup>th</sup> Block 1:30-3:05		
Spring Semester		
Time/Period	Class	Teacher
1 <sup>st</sup> Block 7:55-9:30		
2 <sup>nd</sup> Block 9:38-11:13		
3 <sup>rd</sup> Block 11:18-1:25		
4 <sup>th</sup> Block 1:30-3:05		

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Parent: \_\_\_\_\_

Date: \_\_\_\_\_

High School Counselor: \_\_\_\_\_

Date: \_\_\_\_\_