

# Parkview High School Dual Enrollment for 2024-2025

## Schedule Adjustment Request

*Complete after you register for college class*

### Your Information

*Please print clearly!*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Grade Level for 24-25 \_\_\_\_\_ Student ID# \_\_\_\_\_

Student Cell Phone # \_\_\_\_\_ Student's Personal Email\* \_\_\_\_\_

*\*NOT your school email, it isn't available to you in the summer*

Eligible College You Are Attending for Dual Enrollment \_\_\_\_\_

### College Schedule

Name of Course	Course Number	Days / Time Attending
<i>Example: Sociology</i>	<i>Soci 1101</i>	<i>M W 11 - 12</i>

I need my Parkview classes to be in the AM or PM (please circle one).

### Request for Adjustments to Current Parkview High School Schedule

*List the names of the courses that need to be added or dropped from your Parkview schedule.*

*Be specific when listing reason! Examples: I am taking this class in college; I was not able to get this class in college; etc.*

Parkview Course Name	Add or drop (circle)	Reason for adding or dropping the course – Be specific!
	Add / Drop	
	Add / Drop	
	Add / Drop	
	Add / Drop	
	Add / Drop	
	Add / Drop	

***\*\*\*Please note that we cannot always accommodate your requests due to class availability and/or class sizes. You will have to be flexible.\*\*\****