



MOUNT CALM ISD

College Dual Credit Class Request Form

This form must be completed by any Mount Calm ISD student who wishes to take a college dual credit class (a college course for both high school and college credit) at an approved college or university.

Student Information

Name: _____ Date: _____
(Last) (First) (Middle)

Grade Level: _____ Student ID #: _____

Phone: _____ Email: _____

Dual Credit Class Information

Please list the college dual credit class(es) you are interested in taking:

HS Year	First Semester	Second Semester
9th	Creative Arts	Creative Arts
10th	Psychology	Sociology
11th	Math / English / History	Math / English / History
12th	Math / English / History	Math / English / History

Name of Intended College/University: _____

Student Acknowledgement

- ☐ I understand that college dual credit courses are college-level courses and will be more challenging than my high school courses.
- ☐ I understand that I am responsible for meeting the college's deadlines and requirements.
- ☐ I will follow all Mount Calm ISD and college guidelines for dual credit enrollment.
- ☐ I understand this course and grades will be recorded on both my permanent college transcript and my high school transcript, becoming part of my official college academic record and my permanent high school academic record.
- ☐ I understand that to continue course enrollments, I must stay in good standing with the college which includes grades and academic integrity.

Counselor / Campus Approval

- ☐ Approved ☐ Not Approved (see counselor for reason)

Counselor Comments: _____

Counselor Signature

Date

Parent Signature

Student Signature

Date