

# DUAL ENROLLMENT COURSE APPROVAL FORM



**CALHOUN**  
COMMUNITY COLLEGE  
DUAL ENROLLMENT

OFFICE OF ADMISSIONS AND RECORDS • P.O. Box 2216 • Decatur, AL 35609 • 256.306.2500

Please email this form to [dualenrollment@calhoun.edu](mailto:dualenrollment@calhoun.edu)

Name: \_\_\_\_\_ SSN/C#: \_\_\_\_\_  
Last First Middle

High School or Home School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Semester: \_\_\_\_\_ Year: \_\_\_\_\_

The following courses are approved for the student above in the semester indicated. \_\_\_\_\_

\_\_\_\_\_  
Counselor or Home School Administrator Signature\*

\_\_\_\_\_  
Date

CRN #	Course Name & Number	SECTION #	CAMPUS	CLASS TIMES	INSTRUCTOR

**\*Signature indicates the student continues to meet eligibility requirements for Dual Enrollment, including a GPA of 2.5 or higher.**

*It is the official policy of the AL State Dept. of Education, including Postsecondary institutions under the control of the State BOE, that no person in Alabama shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, activity, or employment.*

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