



# CHIPPEWA VALLEY SCHOOLS

## DUAL ENROLLMENT REQUEST FORM

For Final Approval and Payment of Courses

Student Name: \_\_\_\_\_ Student Email: \_\_\_\_\_

Student Ph #: \_\_\_\_\_ Grade: \_\_\_\_\_ High School: \_\_\_\_\_ School Year: \_\_\_\_\_

Name of College: \_\_\_\_\_ Term: FALL WINTER

College Courses requested to be part of Dual Enrollment:

1. Course Number \_\_\_\_\_ Course Name \_\_\_\_\_ Credit Hours \_\_\_\_\_

2. Course Number \_\_\_\_\_ Course Name \_\_\_\_\_ Credit Hours \_\_\_\_\_

3. Course Number \_\_\_\_\_ Course Name \_\_\_\_\_ Credit Hours \_\_\_\_\_

4. Course Number \_\_\_\_\_ Course Name \_\_\_\_\_ Credit Hours \_\_\_\_\_

Upon completion of the course do you want- (check one) College Credit Only High School Credit Only Both

### IMPORTANT – Please read:

I agree to attend the above-named course(s) regularly and will provide evident of completion to Chippewa Valley Schools. (It is the student's responsibility to bring in their college report card to the high school's Guidance Department to receive credit.). The district will pay only the proportionate allowance for the course tuition, lab fees/material (if any), and registration fees. If the student drops, fails, or does not complete a college class, they will immediately inform their high school counselor and enroll in additional high school classes. If the college class is not dropped during the appropriate time limits set by the college for full tuition reimbursement, or if the student enrolls in an unauthorized class, fails, or does not complete a course(s), he/she will be responsible for reimbursing the schools district for the tuition.

By initialing here, I acknowledge that I have read and understand the above policies and procedures in its entirety and agree to abide by all terms as written.

Student Name (Please Print) \_\_\_\_\_

Student Initials \_\_\_\_\_

Date \_\_\_\_\_

By initialing here, I acknowledge that I have read and understand the above policies and procedures in its entirety and agree to abide by all terms as written.

Parent Name (Please Print) \_\_\_\_\_

Parent Initials \_\_\_\_\_

Date \_\_\_\_\_

### Section below to be filled out by Counselor – test scores and approval

Check the box of the Qualifying Assessments used: ACT COMPASS M-STEP PSAT SAT

List the student's scores on the assessment circled above:


The above-named student meets all the dual-enrollment criteria.

Counselor Name (Please Print) \_\_\_\_\_

Counselor Signature \_\_\_\_\_

Date \_\_\_\_\_