ONLINE DUAL ENROLLMENT ARTICULATION/AUTHORIZATION PENSACOLA CHRISTIAN COLLEGE®

Completed form must be submitted each semester prior to registering. Print all information in pen.

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Student's Name:						PCC ID:
				HS GPA:		HS Graduation Date:
Authorization re	quested for (select one)	: 🗆 Fall 20 🗅 S	pring 20	☐ Summe	er 20	
Completed by Student				Completed by High School		
Course Number	Course N	C	ollege Credit Hours	Eligible for HS Credit?	HS Subject Area Equivaler	
				☐ Yes		□ 1.0 / □ 0.5 / □ None
				☐ Yes		□ 1.0 / □ 0.5 / □ None
attending PCC as records. I also un	acola Christian College (F s a Dual Enrollment stude derstand that:	ent. This permission only ap	nic information	nm a Dual Enroll		Date rents/guardians as needed while alizing my high school academic
					r not I complete course require	
2. All grades, in this term.	cluding <i>W</i> for withdrawal,	become part of my permar	nent college tr	anscript. A copy	of this transcript will be sent t	to my high school at the end of
3. If I plan to tra transfer institu		nstitution, it is my responsib	oility to confirm	n whether course	es meet the institutional and sp	pecific degree requirements of the
Student's Printed Name			Student's S	ignature		Date
Parent/Guardian Printed Name			Parent/Gua	rdian Signature		Date