

## **Dual Credit Intent Form**

Student Name: \_\_\_\_\_ FCPS Student ID#: \_\_\_\_\_

High School: \_\_\_\_\_ Grade: \_\_\_\_\_

School Counselor: \_\_\_\_\_

College/University: \_\_\_\_\_

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

College Course Title:	Course #	FCPS Course Title:	Dual Credit <input type="checkbox"/> Yes <input type="checkbox"/> No
College Course Title :	Course #	FCPS Course Title:	Dual Credit <input type="checkbox"/> Yes <input type="checkbox"/> No
College Course Title :	Course #	FCPS Course Title:	Dual Credit <input type="checkbox"/> Yes <input type="checkbox"/> No
College Course Title :	Course #	FCPS Course Title:	Dual Credit <input type="checkbox"/> Yes <input type="checkbox"/> No
College Course Title :	Course #	FCPS Course Title:	Dual Credit <input type="checkbox"/> Yes <input type="checkbox"/> No

Initial each of the statements to indicate you have read them and understand them.

\_\_\_\_\_ Enrolling in a college course for Dual Credit means that the grade I earn will be printed on my high school transcript and will be included in the calculation of my GPA.

\_\_\_\_\_ I agree to grant the college permission to send grade reports to my school counselor.

\_\_\_\_\_ My grades for the college course will not be accessible via HAC, but I will have access to monitor my grades through my college account.

\_\_\_\_\_ It is my responsibility to check with my school counselor regarding course selection and dual credit.

\_\_\_\_\_  
Signature of Student/Date

\_\_\_\_\_  
Printed Name of Parent

\_\_\_\_\_  
Signature of Parent/Date

\_\_\_\_\_  
Printed Name of School Counselor

\_\_\_\_\_  
Signature of School Counselor/Date