

# Application for Dual Credit

**\*\*This form is ONLY REQUIRED for those courses not included on the list of approved courses. \*\***  
**See your school counselor for additional information.**  
**Counselor: Please submit this form to Coordinator for Dual Enrollment**

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

High School: \_\_\_\_\_  
(Please Print)

Title/Number of high school course: \_\_\_\_\_ / \_\_\_\_\_  
(Please Print)

College: FCC ☐ Other: \_\_\_\_\_

Title/Number of college course: \_\_\_\_\_ / \_\_\_\_\_  
(Please Print)

Purpose for taking course/requesting high school credit: (Please Print)

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*A copy of the course description as printed in the college course catalogue must be attached to this request.

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

\_\_\_\_\_  
Printed Name of Parent/Guardian

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

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

\_\_\_\_\_  
Printed Name of Principal

\_\_\_\_\_  
Signature of Principal / Date

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## To be completed by FCPS Curriculum Specialist

**Curriculum Specialist: Please send a completed copy to Coordinator for Dual Enrollment and Lisa Bostic.**

FCPS Curriculum Specialist/ Subject Area: \_\_\_\_\_

Title/number of high school course: \_\_\_\_\_

Title/number of college course: \_\_\_\_\_

- ☐ I approve the application for dual credit for the course listed above  
☐ Include this dual credit course alignment on the list of available dual credit approved courses  
☐ I do not approve the application for dual credit for the course listed above

Note: Courses eligible for Dual Credit qualify for a weighted grade.

\_\_\_\_\_  
Signature of Curriculum Specialist

\*\*\*It is the responsibility of the student to ensure that prospective colleges accept credits earned through dual enrollment.