

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.**

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

Phone: _____

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 back to the school and one to 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
- I do not approve the application for dual credit for the course listed above

- This course qualifies 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.