

# **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)

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.