



High School Dual Enrollment Program

Course Adjustment Form

All areas must be completed legibly!

Student Name: _____

Last

First

Middle

TCC Student ID Number: _____ Student Phone Number: _____

Name of High School: _____ Graduation Date: _____ (mo/yr)

Semester (circle one): Fall Spring Summer _____ (year)

Adjustment applies to Permission to Register form dated: _____ (enter date of original permission form)

PLEASE DROP STUDENT FROM THE FOLLOWING COURSE(S):

Reference #	Course ID	Course Title	Class Location
			HS/Online/TCC
			HS/Online/TCC
			HS/Online/TCC
			HS/Online/TCC

*dropped course(s) do not count as an attempt; please see Academic Calendar for last day to drop course(s)

PLEASE ADD STUDENT FROM THE FOLLOWING COURSE(S):

Reference #	Course ID	Course Title	Class Location
			HS/Online/TCC
			HS/Online/TCC
			HS/Online/TCC
			HS/Online/TCC

*please see Academic Calendar for last day to add course(s) to schedule

Home Education Official Name (please print): _____

Home Education Official Signature: _____ Date: _____