

## Dual Credit Approval Form

**YEAR/TERM** \_\_\_\_\_ **SUBJECT** \_\_\_\_\_ **COURSE #** \_\_\_\_\_ **SECTION #** \_\_\_\_\_

**TITLE** (26 characters max) \_\_\_\_\_ **CREDITS** \_\_\_\_\_

**SECTION DATES: START** \_\_\_\_\_ **END** \_\_\_\_\_

**MEETING DATES: START** \_\_\_\_\_ **END** \_\_\_\_\_

**HIGH SCHOOL:** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_

(OR)

**BUILDING** \_\_\_\_\_ **ROOM** \_\_\_\_\_ **START TIME** \_\_\_\_\_ **END TIME** \_\_\_\_\_ **DAYS** \_\_\_\_\_

**CLASS CAP** \_\_\_\_\_ **RESTRICTIONS** \_\_\_\_\_ **FEES** \_\_\_\_\_

**FACULTY** (printed legal) \_\_\_\_\_ **ID/SSN** \_\_\_\_\_

*ADDITIONAL INSTRUCTOR INFORMATION (for brand new instructors)*

**MAILING ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**WORK PHONE:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_

### FOR STUDENT ACCOUNTS' OFFICE USE ONLY

**BILLING METHOD (Term or Section):** \_\_\_\_\_ **AR CODE:** \_\_\_\_\_ (ALL) (FIXED)

**REFUND POLICY:** \_\_\_\_\_ **AR CODE:** \_\_\_\_\_ (ALL) (FIXED)

**DIRECTOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DIVISION CHAIR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**REGISTRAR'S OFFICE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**STUDENT ACCOUNTS' OFFICE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_