

North Central Now!

Dual/Concurrent Enrollment

CHANGE OF SCHEDULE FORM

Please print all information

Use this form for changes **after** an original Dual/Concurrent Enrollment Registration Request Form has been completed and Fax to 231-348-6626. Questions about the completion of this form must be directed to Admissions Specialist at 231-348-6626.

Student Name: _____
First
MI
Last

High School: _____

Social Security Number (last four numbers): XXX-XX- Process

Request for: Summer 202 Fall 202 Winter 202

DROPPING/WITHDRAWING FROM COURSES:

Course Code with Section (e.g. PSY 161A)	Course Title	Cr. Hrs.

ADDING COURSES:

Course Code with Section (e.g. PSY 161A)	Course Title	Cr. Hrs.

(Circle One)

Paid by School District?

Y N
Y N
Y N
Y N

I certify that the above named student is currently in the (circle one) 9 10 11 12 grade and the student will be receiving financial support as indicated in the box above. The above named student is approved for the course(s) and semester indicated.

Signature of Principal: _____ Date: _____

Student Signature: _____ Date: _____

Date: / /
Month/ Date/ Year

OFFICE USE ONLY

Rec'd by Student Services: _____ Posted: _____