

North Central Now!

Dual Enrollment Change of Schedule Form

1515 Howard Street, Petoskey, MI 49770 | Phone: 231-348-6704 | www.ncmich.edu

Please print legibly. All information must be provided to process information.
Please scan and email the form to admissions@ncmich.edu

Use this form for changes **after** an original Dual Enrollment Registration Request Form has been completed.

Name: _____
First Last Middle Initial

Are you enrolled in the Early College Program? ☐ Yes ☐ No

Last 4 of Social Security Number: XXX - XX - _____

Process Request For: ☐ Fall 202 _____ ☐ Winter 202 _____ ☐ Summer 202 _____

DROPPING/WITHDRAWING FROM COURSES:

Course Code (w/section) (e.g. PSY 161 OL A)	Course Title	Credit Hrs.

ADDING COURSES:

Course Code (w/section) (e.g. PSY 161 OL A)	Course Title	Credit Hrs.	Paid by School District (circle one)	
			Y	N
			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 13 grade and that the student will be receiving financial support as indicated in the box above. The above named student is endorsed for the course(s) and semester indicated.

Principal's signature: _____ Date: _____