



Remote Registration Class Selection Form for Dual Enrollment Students

Semester: ___ Fall ___ Spring ___ Summer Year: _____

Have you applied for admission? Yes No Have you completed the VPT? Yes No

Last Name: _____ First Name: _____

Empl. ID or SSN: _____ Earning Associates while in High School? Yes No

Date: _____ High School: _____

Phone: _____ Email: _____

| Subject | Course Number | Section | Class Location | Lab? | Days and Time | Credit Hours |
|---------|---------------|---------|----------------|------|---------------|--------------|
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School Counselor Approval

_____ Date _____

EXAMPLE

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|-----|-----|-----|----------|-----|---------------|---|
| CST | 100 | 71A | Franklin | No | MWF 8:00-9:30 | 3 |
| BIO | 220 | 51B | Suffolk | Yes | TTh 1:00-2:45 | 4 |
| ITE | 115 | 99A | Online | No | Online | 3 |

Payment is expected at the time of registration. Students with unpaid balances will be dropped from registered courses beginning one week after the course start date. Upon review of this registration, an advisor/counselor will contact you via email.

I understand that the above enrollment may not be covered under the dual enrollment tuition waiver and that I will be expected to pay in full for the class if it does not qualify.

Parental Signature

DE Coordinator: Judy Wachsmann
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