

Dual Credit Registration Addendum Form

Please submit a completed and signed form to make any changes to an existing registration.

Semester: Fall Spring Summer 1 Summer 2 Year: _____

DMC ID: _____

Last Name: _____ First Name: _____ Middle Initial: _____

DOB: ___/___/___ High School Name: _____

Student Email: _____ Student Phone: _____

*Please list the courses you would like to drop/add from your existing class schedule.
Class availability may vary.*

Please **DROP** the following course(s) from my schedule:

Course Prefix: _____ Course Number: _____ Course Section: _____
Ex: ENGL Ex: 1301 Ex: 710SP

Course Prefix: _____ Course Number: _____ Course Section: _____

Course Prefix: _____ Course Number: _____ Course Section: _____

Please **ADD** the following course(s) to my schedule:

Course Prefix: _____ Course Number: _____ Course Section: _____
Ex: MATH Ex: 1314 Ex: 712SP
Student Pay ISD pay

Course Prefix: _____ Course Number: _____ Course Section: _____
Student Pay ISD pay

Course Prefix: _____ Course Number: _____ Course Section: _____
Student Pay ISD pay

Student Signature: _____ Date: ___/___/___

Parent Signature: _____ Date: ___/___/___

High School Counselor Signature: _____ Date: ___/___/___

ECP Coordinator Signature: _____ Date: ___/___/___

SEC Office use only:

Initials: _____

Date: ___/___/___

*If you have any questions, please contact the Dual Credit office at 361-698-1634 or
by email at dualcredit@delmar.edu*