



Washtenaw Community College

DUAL ENROLLMENT STUDENT PRINCIPAL/COUNSELOR CONSENT FORM

Student Name: _____
(Please print clearly.)

Student's WCC I.D. Number: _____

Semester of Enrollment: _____
****This form must be submitted each semester.****

Principal/Counselor Name: _____
(Please print clearly.)

Principal/Counselor Signature: _____ Date: _____

School Name and Address: _____

School Phone Number: _____ Ext: _____

****Dual Enrolled Students are limited to a maximum of seven credit hours per semester.**

For Office Use Only:

Updated in SAAADMS: _____ Updated in SOAHOLD: _____ Noted in SGASTDN: _____
(Continuing/Readmitting student)