



Dual Enrollment Course Request Planning Worksheet

Complete the form below to select your DE courses and alternates. PLEASE PRINT CLEARLY.

District Student ID Number _____ Current Grade _____ High School _____

Last Name _____ First Name _____

Please circle a Program of Study: Associates in Arts Degree or Associates in Science Degree

Intended Major: (Ex. Engineering, Education, Pre-Med etc.) _____

Parent email Address: _____

Parent Signature: _____

PHSC Course #	COURSE TITLE	COURSE TAKEN VIRTUALLY THROUGH PHSC	COURSE TAKEN FACE TO FACE AT PHSC
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Submit to School Counselor