



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

School Counselor Approval

_____ Date _____

Principal Approval

_____ Date _____

EXAMPLE

CST	100	71A	Franklin	No	MWF 8:00-9:30	3
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 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
7/2019

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