

Coastal Bend College Office of Dual Enrollment DUAL ENROLLMENT PERMISSION FORM

CBC ID: 00		Date of Birth:		☐ New Student ☐ Returning Stud
Name of High School: _		<u> </u>	Graduation Month/Yr.	:
				none Number: ()
Grade Level: ☐ 12th ☐] 11th □ 10th	n □ 9th Major:		
Year: 20 Term:			□ Summer II □ N	Maymester ☐ Wintermester ☐ F
CBC Course Title	Section	Days & Time	Will HS credit be awarded?	Preferred Instructor
1.			YES NO	
2.			YES NO	
3.			YES NO	
			YES NO records and determined	that the student stated is college-ready f
hereby certify that I have the courses requested on t	his permission for	orm.	records and determined	
hereby certify that I have	his permission for	orm.		
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Revised 3/4/2019