

North Central Now!

Dual/Concurrent Enrollment

CHANGE OF SCHEDULE FORM

Please print all information

Use this form for changes after an original Dual/Concurrent Enrollment Registration Request Form has been completed and Fax to 231-348-6626. Questions about the completion of this form must be directed to Admissions Specialist, Katlyn Hansen at 231-348-6626.

Student Name: _____
First
MI
Last

High School: _____

Social Security Number (last four numbers): _XXX-XX-_____

Process Request for: ___ Summer 202___ ___ Fall 202___ ___ Winter 202___

DROPPING/WITHDRAWING

Course Code with Section (e.g. PSY 161A)	Course Title	Cr. Hrs.

I certify that the above named student is currently in the (circle one) 9 10 11 12 grade and the student will be receiving financial support as indicated in the box above. The above named student is approved for the course(s) and semester indicated.