

DUAL DC CREDIT

GO2 COLLEGE IN HIGH SCHOOL

Please PRINT

First Name:					Last Name:				
Date of Birth:					WKCTC Student ID:				
High School:					ATC or CTC:				
ACT Scores: (Must have scores if not in PeopleSoft)	ENG	READ	MATH	SCI	COMPASS Scores: (Must have scores if not in PeopleSoft)	WRIT	READ	ALG	
Career Pathway:					College Plans:				

	English	Reading	Math/Alg
ACT Benchmark Scores	18	20	22
Compass Benchmark Scores	74	85	50

Semester				Year		
Course ID	Dept Prefix	Course Number	M T W R F	Online	Time	Credit Hours
*						
*						
*						

Student Signature _____

Phone Number _____

Advisor's Signature _____

Date _____

Notes: _____

*If student is taking over six college credit hours make sure to obtain additional form. (Courses with labs do not apply)