WEATHERFORD COLLEGE 1869 | DUAL CREDIT

Dual Credit Course Load Exception Request Form

Use this form to request approval to enroll in more than 15 semester credit hours of dual credit coursework during a single semester. Requests will be reviewed on an individual basis and approval is not guaranteed.

Student Information

Student Name: _____WC ID Number:_____

High School: _____

Current Dual Credit Credit Hour Load: _____ Semester Credit Hours

Requested Total Dual Credit Credit Hour Load: _____ Semester Credtit Hours

Please explain why you are requesting to exceed the 15-credit-hour limit and describe how you will manage the additional academic workload.

_____

_____

Acknowledgment

I understand that enrolling in more than 15 semester credit hours may significantly increase my academic workload and time commitment. I acknowledge that approval of this request is not guaranteed and that, if approved, I am responsible for meeting all course requirements and maintaining satisfactory academic progress.

Signatures

Student Signature:_____Date:_____

Counselor Recommendation: ☐ Recommend Approval ☐ Do Not Recommend Approval

High School Counselor Signature: _____ Date:_____

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Dual Credit Office Use Only
Date Received: _____
Approved Denied
Student Notified By: _____Date:_____