



Dual Enrollment Course Request Planning Worksheet

Complete the form below to select your DE courses and alternates. PLEASE PRINT CLEARLY.

District Student ID Number _____ Current Grade _____ High School _____

Last Name _____ First Name _____

Please circle a Program of Study: Associates in Arts Degree or Associates in Science Degree

Intended Major: (Ex. Engineering, Education, Pre-Med etc.) _____

Parent email Address: _____

Parent Signature: _____

PHSC Course #	COURSE TITLE	COURSE TAKEN VIRTUALLY THROUGH PHSC	COURSE TAKEN FACE TO FACE AT PHSC	COURSE TAKEN ON THE HIGH SCHOOL CAMPUS
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				

Submit to School Counselor