



TERM: _____

ADD/DROP FORM DUAL CREDIT/DUAL ENROLLMENT HIGH SCHOOL STUDENT

Name: _____

BHC ID#: _____

Address: _____

Birth date: _____

High School: _____

Grade Level: _____

Course Semester and Year: _____

Phone Number: _____

Add Classes

Course Name & Number	CRN	Section	Instructor	HS Credit?	Prerequisites Met (test/class & score)
				Y N	
				Y N	
				Y N	

Drop Classes

Course Name & Number	CRN	Section	Instructor	HS Credit?	Office Use Drop Code
				Y N	
				Y N	
				Y N	

Reason for requested change: _____

High School Counselor Signature

Date

Student Signature

Date

Faculty Signature

Date

**Required after ¾ of term is complete.*_____
Parent Signature

Date

**Required if Adding Classes*

QC Campus Transfer Course
Information, please contact:
Sara Dye
309-796-5464 or dyes@bhc.edu

QC Campus CTE Course Information,
please contact:
Christine Adell
309-796-5160 or adellc@bhc.edu

East Campus Dual Credit/Dual
Enrollment, please contact:
Jeanine Peterson
309-854-1712 or petersonj@bhc.edu

BHC Office Use:

DC:	⇒ES:	⇒AR:	⇒SYADUAL:	⇒SGASADD:
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