



Office of Admissions
 3000 North Stiles Road
 Scottville, Michigan 49454
admissions@westshore.edu
 Office: 231-843-5503
 Fax: 231-845-3944

Dual Enrollment Change of Schedule Form

Use this form for changes after an original Dual Enrollment Registration Request Form has been submitted to the Admissions Office at West Shore Community College. Questions regarding the completion of this form may be directed to the Admission Office at 231-843-5946. Please send the form to:

OFFICE OF ADMISSIONS
 WEST SHORE COMMUNITY COLLEGE
 3000 NORTH STILES ROAD
 SCOTTVILLE, MICHIGAN 49454
 FAX - 231-845-3944
 EMAIL - admissions@westshore.edu

TO BE COMPLETED BY STUDENT AND HIGH SCHOOL COUNSELOR OR PRINCIPAL

WSCC ID Number		Date	
Last Name		Date of Birth	
First Name		Social Security No.	### -## -

High School Information:

High School Name	
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Semester for which I am enrolled in: [] Fall 20 ____ [] Winter 20 ____ [] Summer 20 ____

DROPPING OR WITHDRAWING FROM COURSE(S):

Course Dept.	Course No.	Course Section	Course Title	Credit Hours

ADDING COURSE(S):

Course Dept.	Course No.	Course Section	Course Title	High School Credit (circle one)		Paid for by School District (circle one)	
				YES	NO	YES	NO
				YES	NO	YES	NO
				YES	NO	YES	NO

Student Signature _____

Date _____

The above student is approved for the change in course(s) for the semester indicated above.

Principal or Counselor Signature _____

Date _____

FOR OFFICE USE ONLY

Processing Date _____	Student Services Staff Initials _____
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