

## 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:

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