



**CHIPPEWA VALLEY SCHOOLS**  
**DUAL ENROLLMENT REQUEST FORM**  
 For Final Approval and Payment of Courses

Student Name: \_\_\_\_\_ Student Email: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_ Student Ph#: \_\_\_\_\_

Student Grade: \_\_\_\_\_ High School: \_\_\_\_\_ School Year: \_\_\_\_\_

Name of College: \_\_\_\_\_ Term: \_\_\_ FALL \_\_\_ WINTER

College Courses requested to be part of Dual Enrollment:

1. Course Number \_\_\_\_\_ Course Name \_\_\_\_\_ Credit Hours \_\_\_\_\_
2. Course Number \_\_\_\_\_ Course Name \_\_\_\_\_ Credit Hours \_\_\_\_\_
3. Course Number \_\_\_\_\_ Course Name \_\_\_\_\_ Credit Hours \_\_\_\_\_
4. Course Number \_\_\_\_\_ Course Name \_\_\_\_\_ Credit Hours \_\_\_\_\_

Upon completion of the course do you want- (check one) College Credit Only \_\_\_\_\_ High School Credit Only \_\_\_\_\_ Both \_\_\_\_\_

**IMPORTANT – Please read and acknowledge with signature**

I understand I am only eligible to participate in Dual Enrollment courses through Chippewa Valley Schools (CVS) as long as I am enrolled and attending for the current school year. I agree to attend the above-named course(s) regularly and will provide evidence of completion to CVS. Upon completion of each course, it is my responsibility to bring my college report card to my home school Guidance Department to receive credit.

I further understand that CVS will pay only the proportionate allowance for the course tuition, lab fees/materials (if any), and registration fees. If I should drop, fail, or not complete a college class, I will immediately inform my high school counselor and enroll in additional high school classes. I acknowledge that I am liable to reimburse CVS should I drop, fail or not complete a college class. I also acknowledge that I am liable to reimburse CVS if I unenroll from the district at any time throughout the current school year or if I fail to drop a class within the appropriate time limits set by the college for full tuition reimbursement.

\_\_\_\_\_  
 Student Name (Please Print)                      Student Signature                      Date

\_\_\_\_\_  
 Parent Name (Please Print)                      Parent Signature                      Date

**Section below to be filled out by Counselor – test scores and approval**

Check the box of the Qualifying Assessments used: ACT  COMPASS  M-STEP  PSAT  SAT

List the student's scores on the assessment checked above:


The above-named student meets all the dual enrollment criteria.

\_\_\_\_\_  
 Counselor Name (Please Print)                      Counselor Signature                      Date