

DUAL ENROLLMENT STUDENT REGISTRATION REQUEST FORM

NAME: _____

GWID#:G _____

EMAIL: _____

SEMESTER: _____ **YEAR: 20** _____

Course Selection Choice	CRN	Department Abbreviation	Course Number	Section	Credit Hours	Course Title
First Choice:						
Second Choice:						
Third Choice:						

Student's Signature

Parent/Guardian Signature

Date

GW reserves a right to approve course selection based on space availability, satisfaction of prerequisites, and selection of approved courses.