



COLLEGE CREDIT COURSES (Dual Enrollment) COURSE AGREEMENT

Student Name: _____ Student ID: _____
FIRST LAST M.I.

Student Address: _____
STREET CITY/STATE/ZIP

Student School: _____ Grade: _____ Date of Birth: _____

Contact Number: _____ Email Address: _____

Parent Name: _____ Contact Number: _____
FIRST LAST

Parent Email Address (if available): _____

**This is not a Chaffey College course registration form. This is a CVUSD form used to post grades to high school transcripts.
Use one form per course. ** see AR6172.1(b)**

____ I understand this course will be placed on my CVUSD transcript as **ELECTIVE** credit towards graduation.
Initials

Per AR 6172.1(b) - Dual enrollment course credits will be awarded as follows:

- A. 2 college units and below = 5 high school credits
- B. 3 college units and above = 10 high school credits

COURSE INFORMATION

Course: _____ Semester and Year (ex: Fall 2025) _____

Student Signature

Date

Parent Signature

Date

Principal Signature

Date

(***Must be signed by principal before starting course.***)

Course Recorded by: _____ Date: _____