



COLLEGE CREDIT COURSES (Dual Enrollment) • COURSE AGREEMENT

Student's Printed Name: _____ CVUSD ID: _____
FIRST LAST M.I.

Student's Address: _____
STREET CITY/STATE/ZIP

Student's Current School: _____ Grade: _____ Date of Birth: _____

Contact Number: _____ E-mail Address: _____

Parent's Printed Name: _____ Contact Number: _____
FIRST LAST

Parent E-mail 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.

COURSE INFORMATION

Course: _____ Semester and Year (ex. spring 2021): _____

I am willing to have a grade of a C minus or better posted to my Chino Valley Unified School District transcript for dual credit: YES NO

- If the answer is "YES", Chino Valley Unified School District has the right to retrieve this information on my behalf.

I do NOT wish to have this course grade and credits posted to my CVUSD transcript.

PARENT SIGNATURE DATE

STUDENT SIGNATURE DATE

Return this completed form to your high school Records Office.

Recorded by: _____ Date: _____