

Dual Enrollment Course Revision Form



Student Name: _____ Student Number: _____

Course Recommended: _____

(Course originally listed on Payment Authorization Form)

Requested Term: Fall Winter Spring Summer

Revised Course Recommendation(s): _____

Advisor or Counselor Comments:

High School Officials Only

I Agree With The Revised Course Recommendation.

HS COUNSELOR/PRINCIPAL/OFFICIAL NAME

SIGNATURE

DATE

This form can be emailed to admissions@schoolcraft.edu or delivered in person.

After you receive an email confirmation, you'll be able to register at schoolcraft.edu/OcelotAccess.