

# High School Dual Enrollment

## COURSE REVISION FORM



Schoolcraft  
College®

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Original Course Recommended: \_\_\_\_\_

(Course originally listed on Payment Authorization Form)

Requested Term:      Fall 20 \_\_\_\_\_      Winter 20 \_\_\_\_\_      Spring 20 \_\_\_\_\_      Summer 20 \_\_\_\_\_

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](mailto:admissions@schoolcraft.edu) or delivered in person.

After you receive an email confirmation, you'll be able to register at [schoolcraft.edu/OcelotAccess](https://schoolcraft.edu/OcelotAccess).