

Students:

Please complete the information below about your off campus dual enrollment college class/classes for this semester. **Return this form to Mrs. Guthrie in the counseling office no later than Tuesday, August 10th.** Have a great semester!

## **Dual Enrollment-Off Campus Information**

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

Cell # \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Semester date: Fall 2010

Early Admissions College/University: Circle One: **LEE** or **CSCC**

College Course Name: \_\_\_\_\_

Days the class meets: \_\_\_\_\_

Time the class meets: \_\_\_\_\_