

Dual Credit Request Signature Page



College/University Course Requested

Name of College/University

PGCPS Equivalent Dual Credit Course

Requesting Student's Name (Print)

Attending High School

Student's Signature

Date

Parent/Guardian Signature

Date

PGCPS Counselor's Signature

Date

(Signature page should be printed and scanned to dual.enrollment@pgcps.org to complete request)