

Diman Regional Vocational Technical High School

FALL RIVER - SOMERSET



SWANSEA - WESTPORT

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Diman RVTHS Dual Enrollment Transcript Credit Request Form

Name: _____

Date: _____ Student ID#: _____ Shop: _____

College/University Name: _____

College/University Course Title: _____

College/University Course Number: _____ College/University Course Credits: _____

College/University Course Semester and Year: _____

Diman RVTHS Course Replacement: Y _____ N _____

Diman RVTHS Course to be Replaced: _____

*Please obtain the following approval signatures prior to registering for dual enrollment courses:

Parent: _____

Date: _____

Guidance Counselor: _____

Date: _____

Academic Coordinator: _____

Date: _____

Assistant Superintendent/Principal: _____

Date: _____

Submit Completed Form to PPS