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