

Dual Enrollment Course Information Form

Please use this form to expedite the process of enrolling high school students in dual enrolled courses at New River Community College.

Name of high school: _____

High School course name and number: _____

NRCC Course name and number: _____

Session course is being taught (e.g., fall 2025) _____

How will the course run to meet the contact hour requirements?

Semester (e.g., Fall semester only or spring semester only)

Academic year (i.e., runs from first day of the school year to the last day of the school year)

9-week or quarter (e.g., ENG 111 and ENG 112 both taught in one semester)

Days of the week the course meets:

Time the course starts: _____ **Ends:** _____

Teacher's Name: _____ **Teacher's Email:** _____

Date the course begins: _____ **Ends:** _____

Date new course begins _____ **Ends:** _____

(if course is a 9-week course)

Course Name & Number: _____

Please attach corresponding roster to this form.

