

Dual Credit Student Course Selection

This form must be completed and signed by \underline{all} parties indicated.

Student Name:					
Dual Enrollment Term and Year:					
High School:					
Last High School Year Completed:					
HPU Course	Semester Hours	Equivaler	nt High School Courses	Credit Hours	
I have reviewed the transferability of enrollment policy in the HPU Catalo hours per semester. If I enroll as a In summer sessions, I understand the Summer Standard) or a total of 14 s	g. I understand that durin summer student at Howar nat I may take no more tha	g the fall or spr d Payne Univer in seven credit	ing semester, I may enroll in no sity, I will re-enroll in high scho nours per summer term (May,	o more than seven credit ool in order to graduate.	
Student Signature			Date		
HIGH SCHOOL AUTHORIZATION REQUIRED BELOW					
I certify that the student named above, who is currently in the grade of high school, has my authorization to enroll as a dual credit student at Howard Payne University. I certify that these courses are approved for high school graduation credits as determined by the Board of Trustees.					
Signature of High School Principal, Counselor, or Home School Administrator					
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