



# TRINITY VALLEY COMMUNITY COLLEGE DUAL CREDIT SCHEDULE CHANGE FORM

**Important:** This form must be completed for dual credit schedule changes needed before the first day of TVCC semester.

Name of Student \_\_\_\_\_ TVIN# \_\_\_\_\_

Name of High School \_\_\_\_\_

High School Classification: Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_

### Drop

TVCC Semester	TVCC Course Name & Number	TVCC Course Section	High School Course Transcribed

### Add

TVCC Semester	TVCC Course Name & Number	TVCC Course Section	High School Course Transcribed

Reason for Change \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

High School Signature \_\_\_\_\_ Date \_\_\_\_\_

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