



DEL MAR COLLEGE

# Dual Credit Add/Drop Form

**NOTE:** This form is required *before* the first day of class. Submit the completed form to the Dual Credit Office.

Term: Fall  Spring  Summer I  Summer II  Year: 20\_\_\_\_\_

DMC ID: \_\_\_\_\_

Student DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Name: \_\_\_\_\_

Student Phone: \_\_\_\_\_

High School: \_\_\_\_\_

Student Email: \_\_\_\_\_

**Please list courses that you would like to add/drop to your class schedule:**

*Please **DROP** the following course the schedule:*

Course Prefix \_\_\_\_\_ Course Number \_\_\_\_\_ Course Section \_\_\_\_\_  
Ex. ENGL                                      Ex: 1301                                      Ex: 710SP

Course Prefix \_\_\_\_\_ Course Number \_\_\_\_\_ Course Section \_\_\_\_\_

Course Prefix \_\_\_\_\_ Course Number \_\_\_\_\_ Course Section \_\_\_\_\_

*Please **ADD** the following course to the schedule:*

Course Prefix \_\_\_\_\_ Course Number \_\_\_\_\_ Course Section \_\_\_\_\_  
Ex. ENGL                                      Ex. 1301                                      Ex. 710SP Self-Pay  ISD Pay

Course Prefix \_\_\_\_\_ Course Number \_\_\_\_\_ Course Section \_\_\_\_\_  
Self-Pay  ISD Pay

Course Prefix \_\_\_\_\_ Course Number \_\_\_\_\_ Course Section \_\_\_\_\_  
Self-Pay  ISD Pay

Student Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SEC Office use only:**

Counselor Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Initials: \_\_\_\_\_

DC Coordinator: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**If you have any questions, please contact the Dual Credit Office at 361-698-1634 or by email at [dualcredit@delmar.edu](mailto:dualcredit@delmar.edu).**