



Dual Credit End of Year Form

Student Name: _____ Student Date of Birth: _____

Student SSN or DMC ID#: _____

Phone: _____ Email: _____

Choice of Major at DMC: _____

High School Graduation Date (Month/Year): _____

Last Semester/Year enrolled at DMC: _____

Expected Semester/Year attending DMC (not Dual Credit): _____

Signature: _____ Date: _____

Digital or wet signature required, typed in names will not be accepted

Office Use Only

Catalog Year _____ Completed By _____ Date _____