



# 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: \_\_\_\_\_

**Office Use Only**

Catalog Year \_\_\_\_\_ Completed By \_\_\_\_\_ Date \_\_\_\_\_