

Schedule Change Form for Dual Enrollment Students

PLEASE NOTE: Dual Enrollment students may use the form below to request section changes and drops ONLY. For example, switching from PSY-1010 LD17 to PSY-1010 LD08 or dropping the course.

The Dual Enrollment Application Form **MUST** be used to request the addition of new classes for which the student was not previously approved. The form is available at www.pgcc.edu/go/highschool and must be signed by the student, parent, guidance counselor, and principal.

Students MUST check their schedule and bill online through Owl Link for updates after requesting a schedule change.

Prince George's Community College

SCHEDULE CHANGE FORM

PLEASE PRINT

<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr> </table> <p style="text-align: center;">Colleague ID</p>											OR if Necessary Use SSN	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr> </table> <p style="text-align: center;">Social Security Number</p>											
Last Name		First Name			Middle Initial																		
Email Address PLEASE PRINT CAREFULLY & CLEARLY																							
	Course (BIO 1010-LD01)	Course Synonym # (12345)		X if Audit	Comments & Signatures (if required)																		
ADD																							
DROP																							
AUDIT																							
				Check US One																			

_____ Student's Signature _____ Date **Student copy to be presented to Instructors of any courses added as an admit authorization.** _____ Add/Drop Accepted By: _____ Date
04/2008

High School: _____

Guidance Counselor Name: _____

Email the completed form as an attachment to MDCompletionAct@pgcc.edu and allow at least 2 business days for processing.