

NAVARRO COLLEGE

3200 WEST 7TH AVE CORSICANA, TX 75110
903-875-7527 FAX 903-875-7526
Contact: amy.nicholson@navarrocollege.edu

DUAL CREDIT FINAL HIGH SCHOOL TRANSCRIPT REQUEST FORM

HIGH SCHOOL: _____

GRADUATING CLASS OF: 20_____

STUDENT: _____

SSN OR STUDENT ID #: _____

I give the above high school permission to release my final transcript upon graduation to:

Navarro College
3200 West 7th Ave
Corsicana, TX 75110

Student Signature: X _____

Date: _____

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Dual Credit Registration

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 Contact: amy.nicholson@navarrocollege.edu

*This form is to be returned to a Navarro College campus in order
to register and, if necessary, pay for the course.*

Student Name: _____ **School:** _____

Social Security Number: _____

The above named student has met the high school's criteria for attending Dual Credit classes.

High School Official's Signature

Date

High School Class & Teacher	Days/ Times or Class Period	Navarro College Course	Course #	Section #	Fall	Dec. Mini	Spr	May Mini	Sum 1	Sum 2	Dual Credit Academic	Dual Credit Career & Technical	College Credit Only
<i>Example: English Ms. Smith</i>	<i>M-F 8:30-9:50 Or 1st period</i>	<i>ENGL</i>	<i>1301</i>	<i>61dc</i>	<i>X</i>						<i>X</i>		

By taking dual credit or concurrent credit classes, I recognize that:

- I must adhere to all policies of Navarro College and my high school.
- I understand that Navarro College assumes no responsibility if I lose eligibility to participate in University Interscholastic League Activities.
- I assume primary responsibility for successfully completing my coursework, including directly dealing with my instructors and Navarro College regarding grades, attendance, and behavior issues.

Student's Signature

Date

*Dual Credit Academic students: Upon completing registration,
 please note your tuition responsibilities, as well as,
 tuition due dates located on your class schedule.*