Jacksonville College
Dual Credit and Concurrent Enrollment
Verification Form

Student Name: _____   **Term:** _____

High School: _____   **JC Student ID #:_____**

The above-referenced student is requesting to take the following course(s) for college credit. Please indicate if the student will receive high school credit from your institution or college credit only from Jacksonville College.

Course and Section:

_____ ____   ☐ **High School and College Credit**   ☐ **College Credit Only**

_____ ____   ☐ **High School and College Credit**   ☐ **College Credit Only**

_____ ____   ☐ **High School and College Credit**   ☐ **College Credit Only**

_____ ____   ☐ **High School and College Credit**   ☐ **College Credit Only**

_____   _____
Signature of High School Official   **Date**

_____   _____
Signature of Student   **Date**