

## **Credit Programs School Approval & Course Request Form**

Full Legal Name:						
Full Legal Name:			UM ID Number:			
High School Name:						
School Contact:			Title:			
Phone:	Email:					
Administrator Appro This student is in good standing University of Mississippi.	val (Required) and has my recommendation an	nd permission t	o enroll in	the above ma	arked credit	program at the
for high school credit	ood standing and the listed cours		_	rollment will l	be approved	
Principal Signature:			Date:			
Counselor Signature:			Date:			
	r course information, dates, time high school (HS) course title for (			_	_	ool course(s),
please enter the corresponding  Please check the session you w	high school (HS) course title for a	dual credit (*re	equires apposed	oroval by Scho	ool Administi	ool course(s), rator).
please enter the corresponding  Please check the session you w  COURSE 1 UM Title:	high school (HS) course title for a ant to attend:    Fall Sp	dual credit (*re	equires appost Summe	Secon	ool Administi nd Summer	rator).
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Please enter the corresponding  Please check the session you w  COURSE 1 UM Title:  UM Course Number (HST 130):  Number of Hours:  COURSE 2 UM Title:  UM Course Number (HST 130):  Number of Hours:  Certification  By my signature below, I agree understand that I am responsib course-related fees. I understar Office of Pre-College Programs,	high school (HS) course title for ant to attend:	dual credit (*redit (oring	Remote HS Title: Remote HS Title: Remote program oks, mater oks, mater licies and	Date and Time  Hybrid  Hybrid  Hybrid  The Universials, lab fees, rules set forth University of North Control of North Contro	me: Web  Sity of Missis registration by the UM Mississippi.	ool course(s), rator).  iStudy iStudy sippi, and I fees, and other