



BREVARD COLLEGE *Dual Enrollment Application*

Students will be registered on a space-available basis after August 1st or January

<hr/>	<hr/>	<hr/>	<hr/>
Last Name	First Name	Middle Name	BC ID
<hr/>		<hr/>	
Cell Number		E-Mail Address	
Registration is for the session, year, and program:			
_____ Fall	_____ Spring	_____ Summer	_____ Year

Brevard College Courses

Number by Choice

COURSE PREFIX & NUMBER	SECTION	SEMESTER HOURS	COURSE TITLE
1.			
2.			
3.			
4.			

FOR OFFICE OF THE REGISTRAR USE ONLY:

Prerequisites met _____ Student enrolled _____

Date Received: _____ Date Processed: _____ Initials: _____