



BREVARD COLLEGE *Dual Enrollment Application*

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

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