

**BILLINGS WEST HIGH SCHOOL
DUAL ENROLLMENT/UNIVERSITY CONNECTION**

Student Name _____ Grade _____ Date _____

Counselor _____ For School Year _____

Semester 1 or Semester 2 (please circle)

Number of class periods for University Connection: _____

1. Details of request

2. Please choose one of the following:

- _____ A. Show on transcript for information only.
(Course name and grade will appear, but will **not** count for credit or calculate in GPA.)
- _____ B. Show on transcript, count toward elective credit, and calculate in GPA.
- _____ C. Do not show on transcript, count toward credit, or calculate in GPA.

Transfer of credits from one college to another varies. It is the responsibility of the student and/or parent to contact prospective colleges to verify how and if this class(es) apply toward the anticipated program(s) of study.

3. Parent signature _____

4. Approval by counselor _____

5. Approval by principal _____