



**DROP/ADD FORM  
DUAL CREDIT/DUAL ENROLLMENT  
HIGH SCHOOL STUDENT**

TERM: \_\_\_\_\_

Name: \_\_\_\_\_

BHC ID#: \_\_\_\_\_

Address: \_\_\_\_\_

Birth date: \_\_\_\_\_

High School: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Course Semester and Year: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Add Classes**

Course Name & Number	CRN	Section	Instructor	HS Credit?	Prerequisites Met (test/class & score)
				Y N	
				Y N	
				Y N	

**Drop Classes**

Course Name & Number	CRN	Section	Instructor	HS Credit?	Office Use Drop Code
				Y N	
				Y N	
				Y N	

Reason for requested change: \_\_\_\_\_

\_\_\_\_\_  
High School Counselor Signature                      Date

\_\_\_\_\_  
Student Signature    Date

\_\_\_\_\_  
Faculty Signature    Date  
*\*Required after ¾ of term is complete.*

\_\_\_\_\_  
Parent Signature    Date  
*\*Required if Adding Classes*

QC Campus Dual Credit/Dual  
Enrollment, please contact:  
Sara Dye  
309-796-5464 or dyes@bhc.edu

East Campus Dual Credit/Dual  
Enrollment, please contact:  
Chris Adell  
309-854-1712 or adellc@bhc.edu

BHC Office Use:

DC:	⇒ES:	⇒AR:	⇒SYADUAL:	⇒SGASADD:
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