

Albemarle County Public Schools Dual Credit/Distance Learning Application

I agree to follow the Albemarle County Public School regulations for Dual Credit/Distance Learning courses.

Date: _____

Name: _____

Address: _____

Course Title: _____

_____ college hours for _____ high school credit
(3-5 hours = .5 credit 6-10 hours = 1.0 credit) (.5 or 1.0)

Course number: _____ Institution: _____

Beginning Date: _____ Ending Date: _____

Signatures:

Student: _____

_____ Date

Parent or Guardian: _____

_____ Date

School Counselor: _____

_____ Date

High School Counseling Director: _____

_____ Date

Principal or Designee: _____

_____ Date