

Oglethorpe University Dual Enrollment Course Request

Student Name: _____

Email Address: _____

Date of Birth: _____

Grade: _____

High School: _____

Semester/Year (ex. Fall/2022): _____

Counselor Name: _____

Counselor Email: _____

High School Course Name	High School Course Number	College Course Name	College Course Number	Class Days	Class Time

Please list alternative course options in the event one of your classes is not available at the time of registration. List in order of preference.

High School Course Name	High School Course Number	College Course Name	College Course Number	Class Days	Class Time

Students, please complete this form after meeting with your high school counselor. Your counselor will enter your class selections in GAFutures. This form should **NOT to be submitted to the Georgia Student Finance Committee. It is for Oglethorpe registration purposes only. You can find class days and times in the course catalog at oasis.oglethorpe.edu. This form and any questions should be emailed to Dual Enrollment Coordinator, Katie Clark, kclark1@oglethorpe.edu You will not be registered without submission of this form.**