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

Date: __________________________

Name: ________________________

Address: _______________________

Course Title: ____________________

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