UTA Dual Credit Academy
Course Selection

Name: _____ **UTA ID#:** 1 0 0 ___ ___ ___ ___ ___ ___ ___

UTA Email: _____@mavs.uta.edu **Intended Major(s):** _____

High School: _____ **Year of HS Graduation:** _____ **Date of Birth:** _____

Semester (*circle*)**:** Fall Spring Summer **Year:** 2 0 1 ___

5-Digit Course #	Course Abbreviation & Number	3-Digit Section #	Days and Times	Enrolled UTA office use only

Total Credit Hours: _____

_____ _____

Student Signature *Date* *Advisor Signature* *Date*

_____

HS Counselor Signature *Date*

For UTA office use only:

Admitted: _____ Shot Record Received: _____

Dual Credit Agreement Received: _____ HS Transcripts Received: _____

MPT needed? YES NO Date Taken:_____ Program Participation:_____

Variable Equation placed: _____ Additional transcripts/scores needed: _____

Notes:_____

_____