# 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 ___

<table>
<thead>
<tr>
<th>5-Digit Course #</th>
<th>Course Abbreviation &amp; Number</th>
<th>3-Digit Section #</th>
<th>Days and Times</th>
<th>Enrolled</th>
</tr>
</thead>
</table>

|                  |                              |                   |               |          |
|                  |                              |                   |               |          |
|                  |                              |                   |               |          |
|                  |                              |                   |               |          |

**Total Credit Hours:** ________

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**Student Signature**  **Date**  **Advisor Signature**  **Date**  **HS Counselor Signature**  **Date**

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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:** ____________________________________________________________________________________