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 2 ___

5-Digit Course #  Course Abbreviation & Number  3-Digit Section #  Days and Times  Enrolled

Total Credit Hours: _________

_________________________________________  Date
Student Signature

_________________________________________  Date
Advisor Signature

_________________________________________  Date
HS Counselor Signature

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: ______________________________________________________________________________________
____________________________________________________________________________________________