



Course Access Request Form

Return form by email: dualenrollment@yosemite.edu
For Questions please email: dualenrollment@yosemite.edu

Today's Date: _____ School Name: _____

Student Information

First Name: _____ Middle Initial: _____ Last Name: _____

Student ID: w _____ Birthdate: _____ Phone Number: _____

Course Information

Term/Year: Fall _____ Spring _____ Summer _____

This form is designated for Dual Enrollment students attending high school, and only requests access to classes listed on the Dual Enrollment flyer.

Section #	Course Name & Number
1234	MBUSAD - 201

By signing, I acknowledge this form does **NOT** register me for the courses listed above. I am aware that once access has been granted, it is my responsibility to register for courses on-line using my PiratesNet portal on my priority registration date or during open registration.

Student Signature: _____ Date: _____

OFFICE USE ONLY	
Registered by: _____	_____
Comments: _____	