



## Dual Enrollment Credit Form

Student Name: \_\_\_\_\_

High School: \_\_\_\_\_

High School Counselor: \_\_\_\_\_

School Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The following classes were taken to satisfy high school graduation requirements while also providing the student with college credit at the institution attended:

### College/University

### Course Information

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High School Counselor Signature: \_\_\_\_\_

Please mail or fax the completed form to:

**Samford University Admission Office**  
800 Lakeshore Drive  
Birmingham, AL 35229  
Fax: 205-726-2171