

**Dual Credit and Early Admission
Schedule Card**

SSN#:	HC ID#:	Birth Date:
Last Name:	First Name:	Middle Initial:
<p>Meningitis TSI Status</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> ACT <input type="checkbox"/> SAT <input type="checkbox"/> STAAR <input type="checkbox"/> TSI <input type="checkbox"/> CP <input type="checkbox"/></p> <p>Test Date: _____ Read: _____ Math: _____ Write: _____ Essay: _____</p> <p>Semester: 1 Fall <input type="checkbox"/> 2 Spring <input type="checkbox"/> 3 Summer I <input type="checkbox"/> 4 Summer II <input type="checkbox"/> Year: _____</p> <p>Degree: AS <input type="checkbox"/> CP (Certificate) <input type="checkbox"/></p> <p>Major: _____ Advisor: _____</p>		

COURSE ID	SECTION	TERM CODE / TYPE <small>Online, VCT, Mini, Flx1, Flx2</small>	DAYS	TIME	INSTRUCTOR LAST NAME
			M <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> R <input type="checkbox"/>		
			M <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> R <input type="checkbox"/>		
			M <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> R <input type="checkbox"/>		
			M <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> R <input type="checkbox"/>		
			M <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> R <input type="checkbox"/>		
			M <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> R <input type="checkbox"/>		

I recognize that I am responsible for obtaining class materials (textbooks, lab kits, etc.). Howard College is not responsible for providing course materials regardless of when I register. I also authorize Howard College to obtain and/or release my TSI scores.

Student Signature: _____ DATE: _____

Total Hours: _____ High School Counselor Signature: _____ DATE: _____