

# Remote Registration Class Selection Form for Dual Enrollment Students



Semester:    \_\_\_ Fall    \_\_\_ Spring    \_\_\_ Summer    Year: \_\_\_\_\_

Circle One: Have you applied for admission?    Yes    No    Have you completed the VPT?    Yes    No

Last Name: \_\_\_\_\_    First Name: \_\_\_\_\_

Empl. ID or SSN: \_\_\_\_\_    Earning Associates while in High School?    Yes    No

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

Phone: \_\_\_\_\_    Email: \_\_\_\_\_

Subject	Catalog No.	Section	Class Location	Lab?	Days and Time	Credit Hours

## EXAMPLE

CST	100	71A	Franklin	No	MWF 8:00-9:30	3
BIO	220	51B	Suffolk	Yes	TTh 1:00-2:45	4
ITE	115	99A	Online	No	Online	3

**Payment is expected at the time of registration. Unpaid for courses will be dropped from registration beginning one week after the class start date.** Upon review of this registration, an advisor/counselor will contact you via email.

*I understand that the above enrollment is not covered under the dual enrollment tuition waiver and that I will be expected to pay in full for the class.*

\_\_\_\_\_  
Parental Signature

DE Coordinator: Judy Wachsmann  
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