

## High School Verification Form

Thank you for enrolling in classes in the Dual Credit program. In order to verify that you are enrolled in a participating high school, you will need to return this form, with signatures, no later than **five business days upon receiving this form**.

### Student Information:

Student Name: \_\_\_\_\_ CNM ID #: \_\_\_\_\_

Name of High School: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

### Authorized High School Representative Information

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

### Course Information:

The above named student has been given permission to enroll as a Dual Credit Student. As High School Representative, I recommend the student take the following class(es):

CNM CLASS SCHEDULE FOR: FALL\_\_SPRING\_\_SUMMER\_\_ YEAR 20\_\_

5-digit course # e.g. 75125	Course subject and # e.g. MATH 121	Course Title, e.g. College Algebra	Day(s) (MTWThF)	Time, e.g. 1:00-1:30pm	Credit Hours

**Failure to return this form will result in you being dropped from CNM class(es) that you are enrolled in.**

