

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.

