UTA Dual Credit Academy Course Selection

Name:				UTA ID#: 100		
TA Email:@mavs.		@mavs.ut	a.edu Int o	ended Major(s):	s):	
igh School:		Year	of HS Graduat	ion: Date of B	rth:	
emester (circle):	Fall Spring	Summer	ummer Year: 202			
5-Digit Course #	Course Abb & Num		3-Digit Section #	Days and Times	Enrolled UTA office use	
Student Signati	ure	 Date		isor Signature	Date	
Student Signati	ure	Date	Advi	isor Signature	Date	
Student Signation HS Counselor S		Date Date	Advi	isor Signature	Date	
			Advi	isor Signature	Date	
			Advi	isor Signature	Date	
			Advi	isor Signature	Date	
			Advi	isor Signature	Date	
			Advi	isor Signature	Date	
			Advi	isor Signature	Date	
HS Counselor S	ignature		Advi	isor Signature	Date	
HS Counselor South	ignature	Date	Shot	Record Received:		
UTA office use only mitted:	ignature	Date	Shot HS 7	Record Received:		
UTA office use only mitted: al Credit Agree T needed? YES	ignature	Date	Shot HS 7 Prog	Record Received:		