North Central Michigan College and Charlevoix-Emmet Intermediate School District

DIRECT CREDIT CHANGE OF SCHEDULE FORM

Use this form for changes <u>after</u> an original DIRECT CREDIT Registration Request Form has been **completed.** Direct any questions about Early College and Direct Credit to your local high school principal/counselor.

Please print all information

Student Name:			
Last	First	Middle Initial	
Home High School:	North Central Student Number:		
Valid only classes beginning:	☐ Winter 20,	☐ Summer 20	

DROPPING/WITHDRAWING FROM COURSES:

Course Code & Section	Course Title	Contact Hours	Instructor Name

ADDING COURSES:

Course Code & Section	Course Title	Contact Hours

The above-named student is approved for the action indicated above for the course(s) and semester designated. I will FAX this form to Kathy Marek, Admissions Assistant for North Central Michigan College. Her phone and fax number is 231.348.6626.Her email is kmarek@ncmich.edu.

Signature of Principal/Counselor: _____ Date: _____

Student Signature: _____ Date: _____

 OFFICE USE ONLY

 Rec'd by Student Services:
 Comments:

Posted: _____ Rev. 08.16.10