



Dual Enrollment Course Request Form

Return to Dr. Suzanne Strehle
Northwest Mississippi Community College
P.O. Box 7006; 4975 HWY 51 N., Senatobia, MS 38668
Phone: 662-560-1104; Email: sstrehle@northwestms.edu

School Name: _____

District: _____ Telephone: _____

Email Address: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

Principal: _____ Contact: _____ Email: _____

Dual Enrollment Course(s) Requested: _____

Instructor: _____ Semester: _____

(Please attach instructor's qualifications)

Instructor Phone #: _____ Instructor Email: _____

Proposed Course Organization:

- Once a Week Day and Time: _____
- Twice a Week Days and Time: _____
- Everyday Day and Time: _____
- Other _____

NWCC Official Use Only:	
Instructor Qualified _____	Not Qualified _____
_____ <i>Northwest Department Chairperson</i>	_____ <i>Date</i>
_____ <i>Dual Enrollment Coordinator</i>	_____ <i>Date</i>