



# Samford University

## Office of Admission

### DUAL ENROLLMENT CREDIT FORM

Student Name: \_\_\_\_\_

High School: \_\_\_\_\_

High School Counselor: \_\_\_\_\_

School Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The following classes were only taken to satisfy high school graduation requirements while also providing the student with college credit at the institution attended:

College/University

Course Information

_____	_____
_____	_____
_____	_____
_____	_____

The following classes were taken above and beyond high school and ONLY satisfy college credit:

College/University

Course Information

_____	_____
_____	_____
_____	_____
_____	_____

High School Counselor Signature: \_\_\_\_\_

Please email, fax or mail completed form to: [admissionoperations@samford.edu](mailto:admissionoperations@samford.edu) or 205-726-2171 (Fax)