BCCC
Baltimore City Community College

Dual Enrollment Course Request Form

School Name: _____

Academic Semester: ☐ Summer 2025   ☐ Fall 2025   ☐Spring 2026   ☐Summer 2026

Term (Academic Calendar / Catalog / Schedules / Schedules**):** ☐16-Week   ☐14-Week   ☐12-Week

Requested Course Title and Code (Reference): _____

Requested Days and Times (i.e., T/Th 10am-11am): _____

*Requested Student Registrations:
Type yes or no in CCR columns to indicate qualifying MCAP and/or GPA and grades. Transcripts must be uploaded with student applications.

Student Name	Grade (at start of the Academic Term)	*CCR met via passing MCAP scores	Met the Course Pre-requisite, if any.

Preparer's Signature/Title: _____   **Email:** _____

Information/Application Session: I will meet with your students to share information, answer questions, and help them complete the admissions application. Please note that date and time are confirmed with a calendar invite from BCCC's Early College Team.

Date: _____   Time: _____   Location: _____

Students: _____   # Staff: _____   Laptops ☐   Computer Lab ☐