

**Dual Credit and Early Admission  
Schedule Card**

SSN#:	HC ID#:	Birth Date:
Last Name:	First Name:	Middle Initial:
<p><b>Meningitis</b>                      <b>TSI Status</b></p> <p>Yes <input type="checkbox"/>    No <input type="checkbox"/>    N/A <input type="checkbox"/>                      ACT <input type="checkbox"/>    SAT <input type="checkbox"/>    STAAR <input type="checkbox"/>    TSI <input type="checkbox"/>    CP <input type="checkbox"/></p> <p>Test Date: _____    Read: _____    Math: _____    Write: _____    Essay: _____</p> <p><b>Semester:</b>    1 Fall <input type="checkbox"/>            2 Spring <input type="checkbox"/>            3 Summer I <input type="checkbox"/>            4 Summer II <input type="checkbox"/>            Year: _____</p> <p><b>Degree:</b>    AS <input type="checkbox"/>            CP (Certificate) <input type="checkbox"/></p> <p><b>Major:</b> _____                      <b>Advisor:</b> _____</p>		

COURSE ID	SECTION	TERM CODE / TYPE <small>Online, VCT, Mini, Flx1, Flx2</small>	DAYS	TIME	INSTRUCTOR LAST NAME
			M <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> R <input type="checkbox"/>		
			M <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> R <input type="checkbox"/>		
			M <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> R <input type="checkbox"/>		
			M <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> R <input type="checkbox"/>		
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			M <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> R <input type="checkbox"/>		

I recognize that I am responsible for obtaining class materials (textbooks, lab kits, etc.). Howard College is not responsible for providing course materials regardless of when I register. I also authorize Howard College to obtain and/or release my TSI scores.

Student Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Total Hours: \_\_\_\_\_ High School Counselor Signature: \_\_\_\_\_ DATE: \_\_\_\_\_