

# High School Dual Enrollment Verification Form

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## About the Student

First and Last Name \_\_\_\_\_

High School Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Common Application ID (if known) \_\_\_\_\_

Drexel University ID (if known) \_\_\_\_\_

## Dual Enrollment Courses Not Used Toward Your High School Diploma

Any college courses used to fulfill high school graduation requirements are not eligible for credit at Drexel University. As part of the credit evaluation process, this form must be signed by your high school counselor and submitted to enroll@drexel.edu to verify that the courses listed below did not count toward your high school diploma. In addition, a college transcript of the courses taken must be submitted by your high school counselor or by the institution where the courses were taken. Please retain a copy of this form for your records.

1. Course Title/Department \_\_\_\_\_ Course Number \_\_\_\_\_  
Number of Credits \_\_\_\_\_ Grade \_\_\_\_\_ University/College \_\_\_\_\_2. Course Title/Department \_\_\_\_\_ Course Number \_\_\_\_\_  
Number of Credits \_\_\_\_\_ Grade \_\_\_\_\_ University/College \_\_\_\_\_3. Course Title/Department \_\_\_\_\_ Course Number \_\_\_\_\_  
Number of Credits \_\_\_\_\_ Grade \_\_\_\_\_ University/College \_\_\_\_\_4. Course Title/Department \_\_\_\_\_ Course Number \_\_\_\_\_  
Number of Credits \_\_\_\_\_ Grade \_\_\_\_\_ University/College \_\_\_\_\_5. Course Title/Department \_\_\_\_\_ Course Number \_\_\_\_\_  
Number of Credits \_\_\_\_\_ Grade \_\_\_\_\_ University/College \_\_\_\_\_6. Course Title/Department \_\_\_\_\_ Course Number \_\_\_\_\_  
Number of Credits \_\_\_\_\_ Grade \_\_\_\_\_ University/College \_\_\_\_\_7. Course Title/Department \_\_\_\_\_ Course Number \_\_\_\_\_  
Number of Credits \_\_\_\_\_ Grade \_\_\_\_\_ University/College \_\_\_\_\_8. Course Title/Department \_\_\_\_\_ Course Number \_\_\_\_\_  
Number of Credits \_\_\_\_\_ Grade \_\_\_\_\_ University/College \_\_\_\_\_9. Course Title/Department \_\_\_\_\_ Course Number \_\_\_\_\_  
Number of Credits \_\_\_\_\_ Grade \_\_\_\_\_ University/College \_\_\_\_\_10. Course Title/Department \_\_\_\_\_ Course Number \_\_\_\_\_  
Number of Credits \_\_\_\_\_ Grade \_\_\_\_\_ University/College \_\_\_\_\_

## High School Counselor Signature

I verify that the courses listed above did not count toward the student's high school diploma and, thus, may be considered for credit at Drexel University.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (Print) \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_