



Instructional Planning Center  
201 East Thirty-Eighth Street  
Sioux Falls, South Dakota 57105  
Phone: (605)367-7900

**Application for High School Credit for Dual Credit Course**  
(To be placed in the student's Permanent File)

Full Name: \_\_\_\_\_ Student's High School ID # \_\_\_\_\_

I request high school credit for the following course(s) taken at \_\_\_\_\_  
[postsecondary school(s)]

for the \_\_\_\_\_ **Summer** **Fall** **Spring** semester.  
(year) (circle one)

3 college credits are equal to 0.5 high school credit. Description of the course must be attached.

Name of Course	College Credit Amount	High School Credit Amount
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved

\_\_\_\_\_  
Not Approved