



Education, Employment and Supportive Services (EESS)
Community Education Department (CED)
ANEP Project REMOTE
High School Dual-Credit
Email: projectremote@kawerak.org

STUDENT PERMISSION TO ENROLL

Submit this signed/completed form to the Project REMOTE Dual Credit Program in person or via email at projectremote@kawerak.org. All forms must include all required signatures and information; missing information will delay the enrollment process.

- Submit this form to your high school counselor or administrator for approval.
- If requested course(s) has prerequisites: attach all supporting documentation (i.e., ACT scores, high school transcripts, AP scores, etc.)

(Student Name) (Name of High School)

(Parent/Guardian Name) (Parent/Guardian e-mail address) (Parent/Guardian phone number)

List the dual-credit courses in which the student may enroll:						
Name of University	Class Title	Number of Credits	Class #	Notes (for Kawerak use only)		

Is the student taking this course(s) for dual-credit? ☐ Yes ☐ No

Semester: ☐ Fall ☐ Spring ☐ Summer Year: _____

Class Schedule:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Class Times:	Class Times:	Class Times:	Class Times:	Class Times:	Class Times:	Class Times:

Counselor/Administrator Signature (required for all high-school students)		
This student has permission to make changes to the schedule listed on this form (please note that significant changes will require a new form and/or email authorization).		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the student require internet access at home to complete this course? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the student require a new computer or other technology supports to complete this course? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what products are needed?		
If yes, where should they be shipped?		
High School Administrator or Counselor Signature		Date
Printed Name	Title	
High School Name	Email Address	Telephone Number