

Vancouver Island University, Cowichan Campus
in partnership with School District 79
Dual-Credit University Program Course Selection Form

Student Name: _____

Personal Education Number (9-digits, assigned by the Ministry): _____

Date of Birth: _____ Phone: _____

Indicate your choice of courses below. *(You may be approved to take more than two courses per semester with your Career Counsellor's recommendation).*

Fall Semester (Sept start)		Spring Semester (Jan or Feb start)		Summer Semester (May or June start)	
Course Code	Course Section	Course Code	Course Section	Course Code	Course Section
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Dual Credit Application package to be submitted to SD 79 Office, along with this form:

- VIU Application for Admission
- High school transcript showing current high school courses and grades to date
- Signed Consent to Release Information form

Student Signature: _____

Parent Signature: _____

Signature of School Principal/Career Facilitator: _____

Secondary School: _____ Date: _____

