



# Lanier Dual Enrollment Schedule Planning Sheet

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ ID# \_\_\_\_\_

Name of college: \_\_\_\_\_ Transportation: \_\_\_\_\_ Yes or \_\_\_\_\_ No

\_\_\_\_\_ Part-Time Dual Enrollment (Combination of 6 classes between the College and High School)

\_\_\_\_\_ Full-Time Dual Enrollment (At least 4 courses at the college)

College Courses 1 <sup>st</sup> Semester	College Courses 2 <sup>nd</sup> Semester
Lanier Courses 1 <sup>st</sup> Semester	Lanier Courses 2 <sup>nd</sup> Semester

Student Phone Number \_\_\_\_\_ Student Email \_\_\_\_\_

Student Name Printed \_\_\_\_\_ Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Counselor Phone Number \_\_\_\_\_ Counselor Email \_\_\_\_\_

Counselor Name Printed \_\_\_\_\_ Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

**This is not official until you turn in your college schedule  
(Step 10 on the DE checklist)**