



Enrollment Summary Sheet

To: Office of Dual Credit Phone #: 815-280-6927

From: _____ Date: _____

Thornton Fractional North High School

TERRI BARTLETT

08:25A-10:25A

CA 105 TND1

H.S./Career Center Course Title: _____

This form is to be used as a reference to inform students of the correct course name, number, and section for which they should choose when completing dual credit course registration.

PLEASE RETURN THIS FORM ONLY IF YOU ARE CANCELLING THIS COURSE.

Email OfficeofDualCredit@jjc.edu with any questions.

Cancel Class (No Enrollment) ☐

**Comments
Section:**

You may check the status of each course by viewing the course roster through your MyJJC portal.