Skyline COLLEGE
ACHIEVE

Expanding Your Horizons
Concurrent Enrollment for High School Students
Credit Form

Please print neatly.

Name _____
First name Middle initial Last name

Address _____
Street Apt.

_____
City State Zip

Social Security Number _____

Today's date _____

Fill in the title of each workshop you attended and have this form signed by each of your workshop leaders.

	Workshop title	Workshop leader's signature
9:40		
11:10		
1:25		

To receive credit, you must turn in this completed form and your evaluation form at 3:00 P.M. at the Concurrent Enrollment table.

CRN# 33926	CRER 410	0.5 units