



# Dual Enrollment Program

## Application for College Credit Admission

College Use Only  
Student Special  
Designator:

Teacher Name: \_\_\_\_\_

Please indicate start and end times of this course.  
Start: \_\_\_\_\_ End: \_\_\_\_\_

### PERSONAL INFORMATION

Please print in ink and complete in full.

Name \_\_\_\_\_  
Last First Middle Previous Name If Any

Social Security or College ID Number \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Number and Street or P.O. Box Apt. #

City State ZIP Code E-Mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Telephone ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Work

Gender:  Female  Male Primary Language:  English  Spanish  Other \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Grade Level \_\_\_\_ Country of Birth \_\_\_\_\_

Information submitted in this section of the application is voluntary and will not be used in the admission process.  
Are you Hispanic/Latino?  Yes  No  Prefer Not to Disclose.  
Please select the racial category or categories with which you most closely identify. Check as many as apply.  
 American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White  Prefer Not to Disclose.

### ENROLLMENT PLANS

Name of high school \_\_\_\_\_ City \_\_\_\_\_ Anticipated graduation date: Month \_\_\_\_ Year \_\_\_\_

After high school graduation I plan to pursue the following:  
 Associate in Arts Degree  Associate in Science Degree  Associate in Applied Science Degree  Technical Certificate Program

Dual Enrollment course(s) for which this application is intended:

Term	College Course #	Ref. #	Course Title	Location of Class

### TEST SCORES

To qualify for enrollment in the dual enrollment program, **valid test scores must be on file or attached.** Please mark one of the following:

- SAT Attach a copy of test results.
- ACT Attach a copy of test results.
- FCELP Scores must be on file at College assessment services department.

Check **all high school mathematics** course(s) that you have completed to date. (Mark all that apply.)

- \_\_\_\_\_ a. Algebra I
- \_\_\_\_\_ b. Algebra II
- \_\_\_\_\_ c. Geometry
- \_\_\_\_\_ d. Trigonometry
- \_\_\_\_\_ e. Calculus or Pre-Calculus

**HIGH SCHOOL PERSONNEL AGREEMENT***To be completed by School Officials*

Name of Applicant \_\_\_\_\_

is enrolled at \_\_\_\_\_ High School in \_\_\_\_\_ County, which has a dual enrollment contract with Florida State College at Jacksonville. This individual meets the established grade point average (GPA) and high school classification criteria, and I recommend that he/she be enrolled in the course(s) listed on the reverse side of this application.

**Mark items attached:*****PLEASE ATTACH FULL TRANSCRIPT OR ACADEMIC HISTORY WITH CURRENT CUMULATIVE GPA.***

- Transcript/Acad. History  
 Test Scores

*Applications without the appropriate attachments will be returned.*

High School Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

Counselor e-mail address \_\_\_\_\_ Phone number \_\_\_\_\_

**PARENT/GUARDIAN AGREEMENT & RESIDENCY AFFIDAVIT***To be completed by Parent/Guardian*

Name of Applicant: \_\_\_\_\_ has my permission to enroll at Florida State College in the dual enrollment program. I understand that credit will be provisional until he/she earns a high school diploma. I have read the section above signed by the school officials and agree that my child will return to high school upon failing to meet the requirements listed above.

I attest that I am a bona fide resident and domiciliary of the State of Florida. I have lived in Florida since: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_. I declare under penalty for perjury punishable by law as a misdemeanor under Section 837.06, Florida Statutes, that the foregoing is true and correct.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**STUDENT AGREEMENT***To be completed by Student*

- I hereby apply for admission to Florida State College at Jacksonville and agree to abide by all rules and regulations of the College.
- I authorize release of my academic record to the high school named in this application.
- I understand that Florida State College at Jacksonville will not release official transcripts to any other schools/organizations until verification of high school graduation is received and the Record Change Form is completed to change my admission status.
- I understand that to continue enrollment at Florida State College at Jacksonville after graduation, I must submit a Record Change Form to change my admission status.
- I have checked this application for error and certify that the information is accurate and complete.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_