



Dual Enrollment Program Permission to Re-register

College Use Only
Student Special
Designator:

Teacher Name: _____

Application for Returning Dual Enrollment Students Only

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 _____

ENROLLMENT PLANS

Name of high school _____ City _____ Anticipated graduation date: Month ____ Year ____

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

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

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 weighted grade point average (GPA) and high school classification criteria, and I recommend that he/she be enrolled in the course(s) listed above.

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

Transcripts and GPA Applications without the appropriate attachments will be returned.

High School Counselor Signature _____ Date _____

Counselor e-mail address _____ Phone number _____

Please continue on reverse side of form.

(August 2009, white form)

PARENT/GUARDIAN AGREEMENT*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 also give permission to Florida State College at Jacksonville to release his/her academic record from the high school named in this contract.

Parent/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 _____