



*The Dual Enrollment Approval Form is required each semester of enrollment. **Deadline: First business day in May.***

Fall Term (August)

Spring Term (January)

Summer Term (May)

TO BE COMPLETED BY THE STUDENT

Student ID Number

Pensacola State ID Number

Last Name

Please use your legal name as it appears on your birth certificate

First

MI

**Name of High School
(Month/Year)**

Expected Graduation

Highest Grade Level Completed: _____

My signature below indicates I understand that the courses I am taking are Pensacola State College courses, and these courses will become a part of an official permanent student record at Pensacola State College. These courses and the grades I earn in these courses will appear on an official transcript. I have advised my parent/legal guardian of my participation in the Dual Enrollment Program at Pensacola State College. My signature indicates that I understand and will abide by the regulations of the Dual Enrollment Program and all other policies for enrollment at Pensacola State College. I authorize the College to release information regarding my attendance, academic progress, etc., to the administration of the high school named on this form.

Date _____

Signature _____

Section Number	Course Number and Title*	Credits	Meeting Day/Time

***Course Numbers are to be completed by the high school counselor.**

Dual Enrollment courses, Advanced Placement courses, and honors courses are to be weighted equally in GPA calculations, and the GPA indicated on this form must reflect the student's current cumulative un-weighted GPA (on a 4.0 scale). FS240.1163 prohibits grade point calculations that discriminate against Dual Enrollment courses.

The signature of the principal or principal designee certifies that this student meets the minimum required GPA for participation in the Dual Enrollment Program in accordance with the Inter-Institutional Articulation Agreement in place between the College and the high school.

The current cumulative and un-weighted GPA of the student named on this form is _____.

Date _____

Signature _____

Principal or Principal Designee

Placement test scores have been reviewed and meet the criteria for enrollment in the above courses.

Date _____

Signature _____

Dual Enrollment Coordinator or Designee