



DUAL ENROLLMENT AUTHORIZATION FORM

Date: _____

Student Name: _____

Date of Birth: ___/___/___

High School Name: _____

Post-Secondary Institution (Circle One): HCC PHSC SPC Other: _____

Term: Spring 20___ Fall 20___ Summer 20___

Dual Enrollment Course(s)

Course Name: _____ Course #: _____

Course Name: _____ Course #: _____

Alternative Course Name: _____ Course #: _____

Grade Level (9, 10, 11, or 12 only) - circle one

Application submitted to the institution named above

FOR OFFICE USE ONLY

Grade point average (minimum GPA: 3.0 **unweighted**): _____

Acceptable test score on the CPT, PERT, SAT, or ACT: _____

ONLY THE COURSE(S) LISTED ABOVE HAVE BEEN APPROVED. If the course chosen is unavailable and the student wishes to take another course, the student is required to consult with the counselor for approval of an alternative course.

Counselor's Signature Date

Principal's Statement

In order to meet the academic needs for the student named, the student may dually enroll in a post-secondary institution for the course(s) indicated.

Principal's Signature (or Designee) Date

DUAL ENROLLMENT AUTHORIZATION FORM (continued)

Student's Statement of Responsibility

- Student must obtain signature from counselor.
- Student must obtain signature from principal or designee.
- Student and parent must sign "Statement of Responsibility."
- Student understands if course(s) is/are unavailable, additional approval is required from the high school guidance counselor to enroll in alternate courses.
- Student must provide their counselor with a copy of their class schedule prior to the start of the semester.
- Student must receive approval PRIOR to registering for off-campus dual enrollment courses that overlap with the school day.
- Student must submit dual-enrollment transcripts to their high school.
- Additional fees such as access codes and consumables will be the responsibility of the individual student.
- In the event the course is not available at HCC, the student may take the course at USF with prior verification by USF.

I understand that the institution of higher education will submit a transcript to my high school. I understand that I must request to have my transcript sent by the college or university to my high school and pay any applicable fees. In addition, I am responsible for purchasing textbooks and other necessary materials. I also understand that I am required to sign out when leaving my high school's campus.

Student's Signature

Date

Parent's Signature

Date