

District Office of Admissions/Records 1000 College Blvd; Pensacola FL 32504

The Dual Enrollment Approval Form is required each semester of enrollment.

COLLEGE

☐ Fall Term (Augu	ust) Gring Term (January)		□ Summer Term (May)	
	TO BE COMPLETED BY THE STUI	DENT		
Student ID Number Pensacola State ID Number	Last Name F Please use your legal name as it appears on ye	FirstMIname as it appears on your birth certificate		
Name of High School (Month/Year)		Expected Graduation		
Highest Grade Level Comp	leted:			
transcript. I have advised my par indicates that I understand and w	cord at Pensacola State College. These courses and the grad rent/legal guardian of my participation in the Dual Enrollme will abide by the regulations of the Dual Enrollment Program llege to release information regarding my attendance, acades Signature	ent Program at Pensa m and all other polic	cola State College. My signature ties for enrollment at Pensacola the administration of the high	
Section Number	Course Number and Title*	Credits	Meeting Day/Time	
*Course Numbers are	e 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	

Principal or Principal Designee

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

Date _____

Signature

Signature_

Dual Enrollment Coordinator or Designee