



# Dual Enrollment Program

## Application for College Credit Admission

**Application Term:**

- Fall
- Spring
- Summer

**PART I**

Before going any further on this form, you **MUST** check the one (1) box that fits your current status. If you are not sure, check with your counselor before proceeding. *If you are a Private or Home School student, check the appropriate box AND the other category that you fall under (i.e. Home School/DE Traditional).*

**I AM APPLYING FOR...**

- |                               |                          |                         |                          |
|-------------------------------|--------------------------|-------------------------|--------------------------|
| Career & Technical            | <input type="checkbox"/> | Home School             | <input type="checkbox"/> |
| Dual Enrollment (Traditional) | <input type="checkbox"/> | Private School          | <input type="checkbox"/> |
| Early Admission               | <input type="checkbox"/> | Returning DE Student    | <input type="checkbox"/> |
| Early College                 | <input type="checkbox"/> | SLS 1103 Pilot Program* | <input type="checkbox"/> |

Name of High School: \_\_\_\_\_ City: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

**PERSONAL INFORMATION**

Please print in ink legibly, accurately and completely to avoid delays in processing.

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

Last

First

Middle

Social Security Number: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

\*In compliance with Florida State Statute 119.071(5), students should be aware that Florida State College at Jacksonville collects and uses social security numbers (SSNs) if specifically required by law to do so or if necessary for the performance of the College's duties and responsibilities. The College takes appropriate measures to secure SSNs from unauthorized access and does not release SSNs to other parties except as required to fulfill the College's duties and responsibilities. (<http://www.fscj.edu/ssn>)

Mailing Address: \_\_\_\_\_

Number and Street or P.O. Box

Apt. #

City

State

Zip

Email:

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender:  Female  Male

Country of Birth: \_\_\_\_\_ Primary Language:  English  Spanish  Other

Emergency Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Home

Work

*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  White  
 Native Hawaiian or Other Pacific Islander  Other \_\_\_\_\_  Prefer not to disclose.

**TEST SCORES**

To qualify for admission 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.
- PERT** Scores must be on file at the College's Assessment Office

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

- a. Algebra I \_\_\_\_\_ (1)
- b. Algebra II \_\_\_\_\_ (2)
- c. Geometry \_\_\_\_\_ (3)
- d. Trigonometry \_\_\_\_\_ (4)
- e. Calculus \_\_\_\_\_ (5)  
or Pre-Calculus

## HIGH SCHOOL PERSONNEL AUTHORIZATION

*To be completed by District or Private School  
Guidance Counselor or Home School Parent.*

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 below. We agree that should the student fall below the requirements at the end of  
any College term, he/she will be returned back to the high school program. The high school diploma will be  
granted by the high school after the student has completed the listed college courses and any other requirements  
designated by the high school.

### STUDENT'S AUTHORIZED TERM REGISTRATION

Term	College Course ID #	Reference #	Course Title	Location of Class

#### Mark Items Attached:

PLEASE ATTACH FULL TRANSCRIPT OR ACADEMIC HISTORY WITH CURRENT CUMULATIVE GPA.

- Transcripts and GPA
- Test Scores

*Applications without the appropriate attachments will be returned unprocessed.*

High School Counselor Name (Please print): \_\_\_\_\_

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

Counselor's Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

## STUDENT AGREEMENT

*To be completed by Student*

- I have checked this application for error and certify that the information is accurate and complete.
- I agree to read, understand and abide by the **FSCJ Dual Enrollment Student Success Contract**. Failure to abide by all of the rules and regulations of this program will cause me to exit the program and returned to my neighborhood high school.

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

## PARENT/GUARDIAN AGREEMENT & RESIDENCY

*To be completed by Parent/Guardian*

Name of Applicant: \_\_\_\_\_ has my permission to enroll in the Dual Enrollment program at Florida State College at Jacksonville. 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 understand that communications or updates regarding my child are to be with the high school counselors.**

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: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_