



Dual Enrollment Program Permission to Re-register

Application for **Returning** Dual Enrollment Students Only

High school site classes only:

Teacher name _____
Class section #: _____
Class time: _____

STUDENT INFORMATION

Please print in ink and complete in full.

Name _____
Last First Middle County

Social Security or College ID Number _____ Telephone () _____

*In compliance with Florida Statute 119.071(5), Florida State College at Jacksonville issues this notification regarding the purpose of the collection and use of Social Security numbers. Florida State College will collect your Social Security Number (SSN) for record identification, state and federal reporting. Providing your SSN on this application means that you consent to the use of your number in the manner described. If you choose not to provide your SSN, you will be provided an alternate identification number. All Social Security Numbers are protected by Federal regulations and are not to be released to unauthorized parties. Read more about the collection and use of social security numbers (<http://www.fscj.edu/ssn>).

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 #	Reference #	Course Title	Class Location: High School or College Campus

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 AUTHORIZATION

To be completed by **district or private school guidance counselor**
or **home school parent**

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.*

School Counselor Name (please print) _____

School Counselor Signature _____ Date _____

Counselor e-mail address _____ Phone number _____

(August 2010, white form)