Student's Name	Date of Birth			
Student's High School		Student's School System		
9th Grade Entry Date	Anticipated Graduation Date	current Grade L	evel	
To be <b>complete</b>	d EACH term a student participat	es in a dual enrollment program		
The Dual Enrollment (DE) program postsecondary institutions to take co		high school students to enroll part or school and college credit.	full-time in	
Dual Enrollment Semester/Quarte	er of Participation: This docume	nt is required each semester/quarter		
TERM	Scho	ol Year:		
TERM:       School Year:         1. Postsecondary Institution I plan to attend as a Dual Enrollment Student:				
·				
2. <u>High school/DE status:</u> Check Below (Maximum of 15 semester or 12 quarter hours per term funding limit)				
Part Time DE Studen	t (Combination of DE + High Schoo	l course(s))		
<u>Full Time DE Student</u> (DE Courses only - Minimum of 12+ Hours of Postsecondary Courses)				
<ol> <li>High School Courses to be completed this term – (BOTH DE and HS courses) – Final Schedule Will Be determined by high school and college course schedules</li> </ol>				
High School Course Name	DE College Course Name,	Course # from DE Catalog		
On the transcript, use course number from the DE course catalog and the DE college course name	i.e., TCSG ENGL 1101 or USG MATH 1111 or Berry POLS 1101	Always use HS # unless it causes a duplicate course # error -or there is no HS #.	<u>Term:</u>	
			ALTERNATE	

4. <i>(ONLY)</i> Students pursuing a diploma throug	gh the		
"High School Postsecondary Graduation Opportunity"/ "SB2(2015)" / "OPTION B"			
Check Below indicating which credential will be earned:			
Associate Degree			
Technical College Diploma			
Two (2) Technical College Certificates (TCCs) on Approved SB2 list <a href="http://bit.ly/3aQN1KP">http://bit.ly/3aQN1KP</a>			
Program of Study Area in which credential	will be completed		
	(ex: Welding or World Language, etc.)		
Student Name Printed	Date		
Student Signature			
Student Phone Number			
Student Email			
Г			
Parent/Guardian Name Printed	Date		
Parent/Guardian signature			
Parent Phone Number			
Parent Email			
HS DE Advisor Name Printed	Date		
HS DE Advisor Signature			
Phone Number			
Email			
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