DUAL ENROLLMENT APPROVAL FORM

PLEASE PRINT ALL INFORMATION
AN APPROVAL FORM MUST BE COMPLETED FOR EACH SEMESTER OF ENROLLMENT AT UWF
Specific qualifications for dual enrollment are stated in the Catalog. Dual enrolled students are subject to all policies as stated in the Catalog.
Students must also supply proof of required immunizations prior to enrollment.
Return the completed form, along with a Dual Enrollment Application, to the Office of the Registrar.

STUDENT NAME:_________________________________

UWF I.D. NUMBER:______________________ HIGH SCHOOL:________________________________________

THE INFORMATION BELOW MUST BE SUPPLIED/CERTIFIED BY THE HIGH SCHOOL
Home school students must be in compliance with the provisions listed in Florida Statutes 1002.41 and the individual serving as the Resource Teacher and Home School Contact for the appropriate county School Board must certify the requirements below in lieu of the school principal at the bottom of the form.

UWF SEMESTER FOR WHICH ENROLLMENT IS TO BE REQUESTED (check only one)

_____ Fall (August)  _____ Spring (January)  _____ Summer (May)

In order to be eligible for dual enrollment, all students (including home school) must meet the requirements listed below:

THE ABOVE STUDENT HAS A CUMULATIVE HIGH SCHOOL GPA THAT IS AT LEAST 3.0 (initial of school rep) 

THE ABOVE STUDENT HAS THE FOLLOWING SCORES:  (Please initial by each set of qualifying scores) 

SAT Verbal of at least 450 and SAT Math of at least 450
OR
ACT English of at least 18 and ACT Math of at least 20 and ACT Reading of at least 19
OR
CPT Reading of at least 85 and CPT Elementary Algebra of at least 74 and CPT English of at least 85

The student is approved by the above named high school to enroll in the credit course(s) listed below. If credit toward high school graduation is to be completed, please indicate the course for which credit will be granted. If no high school course equivalent is determined, please indicate how the course will be used (e.g., elective, social studies, etc.). Courses must meet high school diploma requirements. Dual enrollment students are limited to maximum of 15 SH per semester. If school district cannot verify information, student must provide test scores to UWF.

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<tr>
<th>UWF COURSE(S) TO BE TAKEN</th>
<th>COUNSELOR/PRINCIPAL INITIALS</th>
<th>HIGH SCHOOL CREDIT COURSE(S)</th>
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<td>Reference number/Course number</td>
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Counselor’s Printed Name ________________________ Counselor’s Signature ________________________ Date ________________________

Principal’s Printed Name ________________________ Principal’s Signature ________________________ Date ________________________

Student’s Printed Name ________________________ Student’s Signature ________________________ Date ________________________

Parent/Guardian’s Printed Name ________________________ Parent/Guardian’s Signature ________________________ Date ________________________

UWF REGISTRAR ACTION: ________________________ Date ________________________

Office of Registrar 11000 University Parkway, Pensacola, FL 32514-5750 850/474-2244 FAX: 850/473-7345 www.uwf.edu/registrar

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