

MIAMI DADE COLLEGE (MDC) DUAL ENROLLMENT PROGRAM FORM

<http://www.mdc.edu>

This form must be completed every term for which dual enrollment is sought.

Instructions

An MDC Admission Application must be completed if this is the first time that the student completes this Dual Enrollment Program Form. The MDC Admission Application must be completed and submitted to an Admissions and Registration Office location below. The Dual Enrollment Program Form must be submitted to the Dual Enrollment Coordinator at least 10 business days prior to the first day of the requested term of enrollment.

Term/Year Enrollment Intention				Location								
Fall <input type="checkbox"/>	Spring <input type="checkbox"/>	Summer <input type="checkbox"/>	Year _____	North <input type="checkbox"/>	Kendall <input type="checkbox"/>	Wolfson <input type="checkbox"/>	Homestead <input type="checkbox"/>	InterAmerican <input type="checkbox"/>	Hialeah <input type="checkbox"/>	West <input type="checkbox"/>	EEC <input type="checkbox"/>	Medical <input type="checkbox"/>

PART 1 – Student’s Personal Information

Check One: New Student Continuing Student

Student’s Last Name	First Name	Middle	MDC Student ID
Student’s Mailing Address		City	Zip
/ /			
Student’s Birth Date (MM/DD/YYYY)	Home Phone #	Cellular Phone #	Email Address
Student’s Current Grade Level _____	Expected High School Graduation Date (MM/DD/YYYY) _____ / _____ / _____		

Part 2 – Student’s and Parent’s Certification

By signing below, the student and the student’s parent certifies the following: the student has read and will comply with the requirements and procedures on the reverse side of this form; intends to pursue a postsecondary degree following graduation from high school; and understands that the College will provide a transcript of grades and placement test scores to the student’s school. All Dual Enrollment courses will be posted to the high school permanent record.

Student’s Full Name (print legibly)	Student’s Signature	Date (MM/DD/YYYY)
_____	_____	_____ / _____ / _____
Parent’s/Legal Guardian’s Name (print legibly)	Parent’s/Legal Guardian’s Signature	Date (MM/DD/YYYY)
_____	_____	_____ / _____ / _____

PART 3 – Dual Enrollment Course Approval

This section must be completed by the student’s school Guidance Counselor/home school official and signed by the school principal. Please legibly print below all Dual Enrollment courses that the Guidance Counselor/home school official approves for the student to take during the term/year enrollment intention listed at the top of this form. **Note: Each course must be written in ink and initialed by the Guidance Counselor/home school official in the chart below indicating approval for the student to take the course. Courses that are illegible, have ‘white-out’ under them or are crossed out will not be accepted as approved.**

MDC Course (e.g. ENC1101)	Course Title	Class Number	High School Subject Area Met	Initials
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Jose Marti MAST 6-12 Academy

Name of School			
5701 W 24th Ave	Hialeah	FL	33016
Address	City	State	Zip Code

Public/Charter Private Home School

High School Unweighted GPA _____

(305) 557-5931
School Telephone Number & Counselor Extension

Name of Guidance Counselor/Home School Official (print legibly)	
_____	_____
Signature of Guidance Counselor or Home School Official	Date (MM/DD/YYYY)
_____	_____ / _____ / _____
Signature of School Principal	Date (MM/DD/YYYY)
_____	_____ / _____ / _____

Guidance Counselor Email _____

AFFIX OFFICIAL

SCHOOL SEAL OR HOME SCHOOL STAMP

PART 4 – MDC Admission and Enrollment Approval

Approved for Dual Enrollment Yes No

Signature of MDC Dual Enrollment Coordinator _____

Date (MM/DD/YYYY) _____ / _____ / _____

Signature of Admissions and Registration Officer _____

Date (MM/DD/YYYY) _____ / _____ / _____