



SAMPLE ONLY - DO NOT PRINT
DUAL ENROLLMENT
AUTHORIZATION REQUEST FORM

Only fill in the boxes that are highlighted

PLEASE PRINT CLEARLY

Term Enrolled: ___ Fall ___ Spring ___ Summer ___ School Year	___ on HS Campus	___ off HS Campus
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Student Name	Date of Birth	Student ID#	Post-Secondary Institution
First & Last Name	MM/DD/YYYY	M-DCPS # <u>1234567</u>	<input type="checkbox"/> FIU <input checked="" type="checkbox"/> MDC
M-DCPS WL#/ High School Name		MDC /FIU # <u>1234567890</u>	
7291 - Jose Marti MAST 6-12 Academy			

Student's Signature	Date	Parent/Guardian's Signature	Date
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TO BE COMPLETED BY STUDENT'S COUNSELOR (PRINT CLEARLY)

Student's unweighed GPA	Specify the high school requirement(s) the DE course(s) will meet

Counselor's Signature	Date	Principal's Signature	Date
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Any questions, please call Advanced Academic Programs at (305) 995-1934.

DUAL ENROLLMENT BOOK VOUCHER

To the student: When available, students will be given a used book. Students are responsible for returning all textbooks issued during each semester of study. Students will be held financially responsible for any textbook(s) not returned to their high school.

COURSE NUMBER	COURSE NAME	BOOK TITLE	PRICE

TOTAL: \$ _____

College Representative's Signature	Title	Date
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White Coy – District Office;

Yellow Copy – Student;

Pink Copy – College/University;

Gold Copy - School