DUAL ENROLLMENT AUTHORIZATION REQUEST FORM

PLEASE PRINT CLEARLY

Term Enrolled: ___ Fall ___ Spring ___ Summer ___ School Year

on HS Campus off HS Campus

Student Name | Date of Birth | Student ID# | Post-Secondary Institution
--- | --- | --- | ---
First & Last Name | MM/DD/YYYY | M-DCPS # 1234567 | FIU
M-DCPS WL# High School Name | MDC/FIU # 1234567890 | X MDC
7291 - Jose Marti MAST 6-12 Academy

Student's Signature Date Parent/Guardian’s Signature Date

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

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.

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<th>COURSE NUMBER</th>
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<th>BOOK TITLE</th>
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TOTAL: $ __________

College Representative’s Signature Title Date

White Copy – District Office; Yellow Copy – Student; Pink Copy – College/University; Gold Copy – School

FM-6477 Rev. (01-16)