FLORIDA ATLANTIC UNIVERSITY

DUAL ENROLLMENT PALM BEACH COUNTY PERMISSION AND REGISTRATION FORM

Authorization Form for The School Board of Palm Beach County

1. TERM / YEAR ENROLLED Fall Spring Summer Year Part of Term 1 Part of Term 2 Part of Term 3	URRENT COURSE SCHEDULE NE	EDED WITH THIS FORM		PLEASE PRINT OR TYPE THIS FORM	
2. STUDENT NAME - Last, First, Middle	3. SOCIAL SE	CURITY NO. / Z#	4. DATE OF BIRTH	5. HIGH SCHOOL	
6. COURSE NO. / NAME / CREDIT HOURS					
Course Number:	Course Number:		Course Number:		
Course Name:	Course Name:		Course Name:		
Credit Hours:	Credit Hours:		Credit Hours:		
Course Number:	Course Number:		Course Number:		
Course Name:	Course Name:		Course Name:		
Credit Hours:	Credit Hours:		Credit Hours:		
Course Number:	Course Number:		Course Number:		
Course Name:	Course Name:		Course Name:		
Credit Hours:	Credit Hours:		Credit Hours:		
7. HIGH SCHOOL CERTIFICATION The above courses are provided through the Dual Enrollment Program university as prescribed in 1007.21, Florida Statutes. The student has dual enrollment. The student has my permission to enroll in these cougraduation credit and credit toward a career certificate, associate or based on the control of the	met the minimum requirements for irses and will earn high school	Dual Enrollment Program. I inte	horoughly read and will comend to pursue a college degree	ply with the requirements and procedures of the ree following high school graduation, and I be high school at the end of each semester.	
Signature of High School Principal or Designee	Date	Signature of Student		Date	
Print Name		Signature of Parent		Date	
9. TEST SCORES: TO BE COMPLETED BY HIGH SCHOOL GUID ACT: MONTH/YEAR READING ENGLISH_ SAT: MONTH/YEAR READING WRITING	MATH MATH				
PERT: MONTH/YEAR READING WRITING_ ACCUPLACER: MONTH/YEAR READING V					
UNWEIGHTED GPA					