

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	
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer _____ Year	<input type="checkbox"/> Part of Tem 1 <input type="checkbox"/> Part of Term 2 <input type="checkbox"/> Part of Term 3

CURRENT COURSE SCHEDULE NEEDED WITH THIS FORM

PLEASE PRINT OR TYPE THIS FORM

2. STUDENT NAME Last, First, Middle	3. SOCIAL SECURITY NO. / Z#	4. DATE OF BIRTH	5. HIGH SCHOOL

6. COURSE NO./ NAME / CREDIT HOURS		
Course Number: _____ Course Name: _____ Credit Hours: _____	Course Number: _____ Course Name: _____ Credit Hours: _____	Course Number: _____ Course Name: _____ Credit Hours: _____
Course Number: _____ Course Name: _____ Credit Hours: _____	Course Number: _____ Course Name: _____ Credit Hours: _____	Course Number: _____ Course Name: _____ Credit Hours: _____
Course Number: _____ Course Name: _____ Credit Hours: _____	Course Number: _____ Course Name: _____ Credit Hours: _____	Course Number: _____ Course Name: _____ Credit Hours: _____

7. HIGH SCHOOL CERTIFICATION	8. STUDENT CERTIFICATION
The above courses are provided through the Dual Enrollment Program for students enrolled in a university as prescribed in 1007.21, Florida Statutes. The student has met the minimum requirements for dual enrollment. The student has my permission to enroll in these courses and will earn high school graduation credit and credit toward a career certificate, associate or baccalaureate degree.	My signature indicates I have thoroughly read and will comply with the requirements and procedures of the Dual Enrollment Program. I intend to pursue a college degree following high school graduation, and I understand FAU will provide a transcript of my grades to the 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 GUIDANCE DEPARTMENT
ACT: MONTH/YEAR _____ ENG _____ MATH _____ READ _____ COMP _____
SAT: MONTH/YEAR _____ ENG _____ MATH _____ VERBAL _____
PERT: MONTH/YEAR _____ READ/COMP _____ WRITING _____ MATH _____
Classic Accuplacer: MONTH/YEAR _____ MATH _____ READ _____ SENT. SKILLS _____
UNWEIGHTED GPA _____