

**Broward County Students Who Have Taken a Course at FAU in the Past
ESP Application Checklist**

Please follow all directions in order to be considered for acceptance into the program. The application forms must be complete or the student applying will not be considered for the program.

Checklist:

- ☐ **Recommendation Forms 1 and 2**
Filled out by student's school counselor.
- ☐ **Dual Enrollment/Early Admission Authorization Form**
This is a permission form as well as a book voucher for Broward County Students. School and student signatures are required. Students should leave the course information and book title information blank. *Note: This form is required as a part of the application packet.*
- ☐ **Photo/Video Release Form**

Mail all completed forms to the following address:

Florida Atlantic University
Division of Engineering Student Services and
Advising Attention: Evelyn Chang Cruzpino
Engineering East, Room 102
777 Glades Road
Boca Raton, FL 33431

Application Deadline Friday, April 5, 2019

Engineering Scholars' Program
Recommendation Form 1

The following questions should be answered by the applicant's counselor, mathematics teacher, or science teacher.

Name of Student: _____

The student has applied to the Engineering Scholars' Program which will be offered at Florida Atlantic University, Boca Raton campus from June 10 – June 28, 2019.

PLEASE ENCLOSE STUDENT'S TRANSCRIPT

Highest Level Math Course: _____

Highest Level Science Course: _____

Highest Level Computer Course: _____

Standardized quantitative test scores (Please fill all available information):

SAT ____ Date ____ Verbal ____ Math ____

ACT ____ Date ____ English ____ Math ____ Reading ____

CPT ____ Date ____ Reading Comp. ____ Science Skills ____ Elem. Algebra ____

Name of Teacher/Counselor: _____

Place of Work: _____ Phone No. _____

Engineering Scholars' Program

Recommendation Form 2

The following information should be answered by the applicant's counselor, mathematics' teacher, or science teacher.

Name of Student: _____

Please indicate on a scale of 1-5 (1 low, 5 high) your assessment of this student in the following areas:

- _____ is enthusiastic
- _____ likes to explore new ideas
- _____ works well on a team
- _____ demonstrates leadership
- _____ likes to complete projects
- _____ follows directions
- _____ respects people and property

PLEASE RETURN THESE FORMS TO:

Florida Atlantic University
Division of Engineering Student Services and
Advising Attention: Evelyn Chang Cruzpino
Engineering East, Room 102
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Boca Raton, FL 33431

FLORIDA ATLANTIC UNIVERSITY

DUAL ENROLLMENT/EARLY ADMISSION AUTHORIZATION FORM

Authorization Form For The School Board of Broward County/University Reimbursement Request For
Instructional Materials Issued To An Eligible Public High School Student Earning Credit Toward High School Graduation

1. TERM / YEAR ENROLLED

☐ Fall ☐ Spring ☐ Summer ____ Year
☐ Part of Tem 1 ☐ Part of Term 2 ☐ 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. HIGH SCHOOL

5. COURSE NO./ NAME / CREDIT HOURS

6. INSTRUCTIONAL MATERIALS RECEIVED BY STUDENT

Course Number: _____	BOOK TITLE (Completed by FAU Bookstore)	EDITION	PUBLISHER	COST
Course Name: _____				
Credit Hours: _____				
Course Number: _____				
Course Name: _____				
Credit Hours: _____				
Course Number: _____				
Course Name: _____	TOTAL REIMBURSEMENT REQUEST \$			
Credit Hours: _____				

7. STUDENT FLEID AND HIGH SCHOOL CERTIFICATION

8. STUDENT CERTIFICATION

Student FLEID:	I have enrolled in the above courses and the instructional materials as specified for these courses have been received at no cost to me. I assume full responsibility for returning all instructional materials to my high school textbook manager at the close of the course(s).
The above courses are provided through the Early Admission/Dual Enrollment Program for students enrolled in a university as prescribed in Chapter 87, Florida Statutes. The student has met the minimum requirements for early admission/dual enrollment. The student has my permission to enroll in these courses and will earn high school graduation credit.	
Signature of High School Principal or Designee _____ Date _____	
Print Name _____	Signature of Student _____ Date _____

9. FLORIDA ATLANTIC UNIVERSITY

10. TEST SCORES

The student is a public high school student who is earning credit toward high school graduation through the Early Admission/Dual Enrollment Program as provided in Chapter 87-212, Florida Statutes. When the courses provided to this student are successfully completed, the credits earned may be applied toward a baccalaureate degree. The instructional materials are required for the courses.	ACT: MONTH/YEAR ____ ENG ____ Math ____ SR ____ COMP ____
	SAT: MONTH/YEAR ____ MATH ____ VERBAL ____
	CPT: MONTH/YEAR ____ READ/COMP ____ SENT SKILL ____ ELEM ALG ____
Signature of University Designee _____ Date _____	



PHOTO/VIDEO RELEASE FORM

I hereby authorize Florida Atlantic University (University) and those acting pursuant to its authority to: (i) record my likeness and/or voice on a video, audio, photographic, digital, electronic or any other medium; (ii) use my name and biographical material in connection with such recordings; and (iii) use, reproduce, exhibit, and/or distribute my name, biographical material, and such recordings in any medium (e.g., print publications, video, internet, etc.) for promotional, advertising, educational, and/or other lawful purposes. I release and waive any claims or rights of compensation or ownership regarding such uses and understand that all such recordings shall remain the property of the University. I certify that I am 18 years of age or older or that my parent/guardian has signed below.

☐ Student ☐ Faculty ☐ Staff ☐ Other

Name of Participant (please print): _____

Participant Signature: _____

Parent/Guardian Signature (if Participant is under 18 years of age): _____

Date: _____

Phone number: _____ Email: _____

OFFICE USE ONLY:

M F • W B H A O _____ HR _____ TOP: _____ BOT: _____

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tel: 561.297.3025 • fax: 561.297.2307 • marketing@fau.edu • www.fau.edu



PHOTO/VIDEO RELEASE FORM

Participant under 18 years old

I hereby give permission for the name, likeness and biographical material of the minor child listed below to be used solely for the purposes of Florida Atlantic University-related promotional material and publications and waive any rights of compensation or ownership thereto.

___ Student ___ Faculty ___ Staff ___ Other

Name of Minor (please print): _____

Address: _____

City: _____ State: _____ ZIP: _____

Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ Date: _____

Phone number: _____ Email: _____

OFFICE USE ONLY:

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Marketing and Creative Services

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