

**Palm Beach 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 Palm Beach County Permission and Registration Form**  
Students should leave the course information section blank.
  
- Book Voucher Form Requested from School Guidance Counselor**  
*Note: students should leave the book title information blank.*
  
- 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  
777 Glades Road  
Boca Raton, FL 33431

# 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 I - Term 1    Part I - Term 2    Part I - 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

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.

\_\_\_\_\_  
Signature of High School Principal or Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

### 8. STUDENT CERTIFICATION

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 Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

### 9. TEST SCORES: TO BE COMPLETED BY HIGH SCHOOL GUIDANCE DEPARTMENT

ACT: MONTH/YEAR \_\_\_\_\_ ENG \_\_\_\_\_ MATH \_\_\_\_\_ SR \_\_\_\_\_ COMP \_\_\_\_\_

SAT: MONTH/YEAR \_\_\_\_\_ MATH \_\_\_\_\_ VERBAL \_\_\_\_\_

CPT: MONTH/YEAR \_\_\_\_\_ READ COMP \_\_\_\_\_ SENT SKILL \_\_\_\_\_ ELEM ALG \_\_\_\_\_

UNWEIGHTED GPA \_\_\_\_\_



## 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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# 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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