

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

CURRENT COURSE SCHEDULE NEEDED WITH THIS FORM

PLEASE PRINT OR TYPE THIS FORM

2. STUDENT NAME - Last, First, Middle	3. 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	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 _____	Signature of Student _____
Date _____	Date _____
Print Name _____	Signature of Parent _____
	Date _____

9. TEST SCORES: TO BE COMPLETED BY HIGH SCHOOL GUIDANCE DEPARTMENT			
PERT: MONTH/YEAR _____	READING _____	WRITING _____	MATH _____
SAT: MONTH/YEAR _____	READING & WRITING _____	MATH _____	
CLT: MONTH/YEAR _____	READING & WRITING _____	MATH _____	
ACT: MONTH/YEAR _____		READING _____	ENGLISH _____
MATH _____		MATH/QAS _____	
UNWEIGHTED GPA _____			