

## HIGH SCHOOL DUAL ENROLLMENT APPROVAL FORM

**STEP 1: Filled out by STUDENT and PARENT/GUARDIAN**

Name: \_\_\_\_\_ U Number: \_\_\_\_\_ Net ID: \_\_\_\_\_

High School: \_\_\_\_\_ Year began HS: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Anticipated Semester/Year that student will begin USF Dual Enrollment: \_\_\_\_\_

**CONFIRMATION OF PROCESS**

- Student has submitted USF’s Non-Degree application. \_\_\_\_\_ Parent initials
- Student has submitted the residency information required for the application. \_\_\_\_\_ Parent initials
- Student has submitted the immunization information to USF Student Health Services. \_\_\_\_\_ Parent initials

**SIGNATURES**

*We have read and understand the conditions of the Dual Enrollment student classification. By our signatures below, we hereby authorize and allow the release of future USF academic records to the designated high school.*

Student’s Printed Name	Signature	Date
Parent/Guardian’s Printed Name	Signature	Date

**STEP 2: Filled out by COUNSELOR for first term in USF dual enrollment**

- The student’s current weighted high school GPA \_\_\_\_\_ Weighted GPA \_\_\_\_\_ School admin. initials  
*Must be at least 3.5*
- The student has the following test scores (official scores must be submitted)
 

SAT Critical Reading – 560, SAT Mathematics – 530	_____	
<b>AND/OR</b>	Score	_____ School admin. initials
ACT Reading – 21, ACT Mathematics –21	_____	
<b>AND/OR</b>	Score	_____ School admin. initials
PERT Math – 123, PERT Reading – 106 and PERT Writing – 103	_____	
	Score	_____ School admin. initials
- The student’s high school transcript has been sent electronically to USF \_\_\_\_\_ School admin. initials

School Administrator’s Name	Signature	Date
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**APPROVAL FORMS FOR THE FIRST SEMESTER MUST INCLUDE PAGE 2**

***Prior to every semester of dual enrollment, this side of the form must be filled out by the COUNSELOR, in consultation with the student, and submitted by the posted deadline.***

**Student Name:** \_\_\_\_\_ **U Number:** \_\_\_\_\_

**Counselor/Admin Name:** \_\_\_\_\_ **High School:** \_\_\_\_\_

This student is anticipated to continue being good standing next semester.

\_\_\_\_\_ School admin. initials

Student seeks and is approved to take \_\_\_\_\_ class(es) for the upcoming semester.

\_\_\_\_\_ School admin. initials

*\*Students can only take 2 classes/semester until completing 6 DE credits with a C or better.*

From a review of the class schedule for the FCS institution serving in our area, it appears that the requested classes are not available in a time, modality, or location that meets the student's needs.

\_\_\_\_\_ School admin. initials

***COUNSELORS for students wishing to take dual enrollment courses on a USF campus or USF online must fill out the section below to indicate course choice priorities.***

List your preferred classes. It is best to list a variety of classes, at least twice as many as you plan to take. For the rankings, with "1" as the most preferred and descending from there.

Course Prefix/Number	Course Title	Online	In-Person	Preferred Campus TPA, STP, SM*	Ranking
ASL 2140	American Sign Language I	✓		TPA or STP	1

*\*TPA=Tampa, STP=St. Petersburg, SM=Sarasota-Manatee (select all you are open to; 100% online classes may be from any campus).*

Please share any additional notes about class choices such as which class may back up another, time requirements, etc.

\_\_\_\_\_  
School Administrator's Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date