

UNIVERSITY OF WEST FLORIDA
DUAL ENROLLMENT APPROVAL FORM

PLEASE PRINT ALL INFORMATION (BLUE OR BLACK INK)
AN APPROVAL FORM MUST BE COMPLETED FOR EACH SEMESTER OF ENROLLMENT AT UWF

Specific qualifications for Dual Enrollment are stated in the Catalog. Dual enrolled students are subject to all policies as stated in the Catalog. Students must also supply proof of immunizations prior to enrollment.

**** Return completed form, along with a Dual Enrollment Application, to the Registrar's Office ****

STUDENT NAME: _____

HIGH SCHOOL: _____ **CLASSIFICATION:** _____ JR _____ SR

THE INFORMATION BELOW MUST BE SUPPLIED/CERTIFIED BY THE HIGH SCHOOL

Home school students must be in compliance with the provisions listed in Florida Statutes 1002.41

UWF SEMESTER FOR WHICH ENROLLMENT IS REQUESTED (check only one)		
_____ FALL (August)	_____ SPRING (January)	_____ SUMMER (May)

In order to be eligible for dual enrollment, all students must meet the requirements listed below, both A & B:

- A. THE ABOVE STUDENT HAS A CUMULATIVE UNWEIGHTED HIGH SCHOOL CORE ACADEMIC GPA OF AT LEAST A **3.00** _____
School rep initials
- B. THE ABOVE STUDENT HAS THE FOLLOWING SCORES (*School rep should initial by each set of qualifying scores*):
 SAT-Critical Reading of at least 460, SAT-Mathematics of at least 460, and SAT-Writing of at least 450 _____
OR
 ACT Combined-English/Writing of at least 18 and ACT-Math of at least 20 and ACT-Reading of at least 19 _____
OR
 PERT-Reading of at least 104 and PERT-Mathematics of at least 113 and PERT-English of at least 99 _____

The student is approved by the above named high school to enroll in the credit course(s) listed below. If credit toward high school graduation is to be completed, please indicate the course for which credit will be granted. If no high school course equivalency is determined, please indicate how the course will be used (e.g., elective, social studies, etc.). Courses must meet high school diploma requirements. Dual enrollment students are limited to a maximum of 15 semester hours of course work per semester. If the school cannot verify information, students must also provide test scores to UWF.

UWF COURSE(S) TO BE TAKEN Reference number / Course number	COUNSELOR/PRINCIPAL INITIALS	HIGH SCHOOL CREDIT COURSE(S)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ Counselor's Printed Name	_____ Counselor's Signature	_____ Date	_____ Counselor's email address
_____ Principal's Printed Name	_____ Principal's Signature	_____ Date	
_____ Student's Printed Name	_____ Student's Signature	_____ Date	
_____ Parent/Guardian's Printed Name	_____ Parent/Guardian's Signature	_____ Date	

UWF REGISTRAR ACTION: _____

 Date