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

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 3.0 ______

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

Office of the Registrar: 11000 University Parkway, Pensacola, FL 32514-5750 PHONE 850/857-6248 FAX 850/473-7345 www.uwf.edu

REV 0711