

# DUAL ENROLLMENT APPLICATION 2024-25

The student completing this application is requesting to take Dual Enrollment courses. Students, Parents, Guardians are asked to sign if he/she is in agreement with the student's decision and plan. You are also acknowledging that Dual Enrollment courses are at the cost of the student and his/her family. Questions should be directed to the student's School Counselor. Return this form to the Counseling Office; you will present this proposal to Mr. Groff for approval.

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## Student's Information

Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Student ID#: \_\_\_\_\_

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Please describe your reason for taking Dual Enrollment course work? Use back for more space.

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## Dual Enrollment Courses

Course Title & CRN	(# of Creds)	Institution	Name in Skyward (For Counselor use only)
_____	(__)	_____	_____ Credits _____
_____	(__)	_____	_____ Credits _____
_____	(__)	_____	_____ Credits _____
_____	(__)	_____	_____ Credits _____

**\*\*YOU MUST INCLUDE A SYLLABUS OR COURSE DESCRIPTION FOR EACH CLASS**

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## Parent/Guardian Information

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Parent/Student Consent

By signing below, you support your student's decision to take Dual Enrollment Courses and understand that your student and you are responsible for the cost of the course.

Parent Agreement X \_\_\_\_\_ Date: \_\_\_\_\_

Student Agreement X \_\_\_\_\_ Date: \_\_\_\_\_

Mr. Groff's Approval \_\_\_\_\_ Date Approved: \_\_\_\_\_

<b>For Counselor Use Only</b>	<b>NOTES:</b> _____
Syllabus received _____	_____
Transcript received _____	_____