



Dual Enrollment Program

Application for College Credit Admission

FCCJ Use Only
Student Special
Designator:

Teacher Name: _____

Please indicate start and end times of this course.
Start: _____ End: _____

PERSONAL INFORMATION

Please print in ink and complete in full.

Name _____
Last First Middle Previous Name If Any

Social Security or College ID Number _____ Telephone () _____

Mailing Address _____
Number and Street or P.O. Box Apt. #

City State ZIP Code County

Emergency Contact _____ Telephone () _____ () _____
Home Work

Gender: Female Male Primary Language: English Spanish Other _____

Date of Birth ____/____/____ Age _____ Grade Level _____ Country of Birth _____

Information submitted in this section of the application is voluntary and will not be used in the admission process.

Are you Hispanic/Latino? Yes No Prefer Not to Disclose.

Please select the racial category or categories with which you most closely identify. Check as many as apply.

American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Prefer Not to Disclose.

ENROLLMENT PLANS

Name of high school _____ City _____ Anticipated graduation date: Month ____ Year ____

After high school graduation I plan to pursue the following:

Associate in Arts Degree Associate in Science Degree Associate in Applied Science Degree Technical Certificate Program

Dual Enrollment course(s) for which this application is intended:

| Term | Dept. | Number | Ref. # | Course Title | Location of Class |
|------|-------|--------|--------|--------------|-------------------|
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TEST SCORES

To qualify for enrollment in the dual enrollment program, valid test scores must be on file or attached. Please mark one of the following:

- SAT Attach a copy of test results.
- ACT Attach a copy of test results.
- FCELPPT Scores must be on file at FCCJ assessment services

Check all high school mathematics course(s) that you have completed to date. (Mark all that apply.)

- _____ a. Algebra I
- _____ b. Algebra II
- _____ c. Geometry
- _____ d. Trigonometry
- _____ e. Calculus or Pre-Calculus

department.

HIGH SCHOOL PERSONNEL AGREEMENT*To be completed by School Officials*

Name of Applicant _____

is enrolled at _____ High School in _____
 County, which has a dual enrollment contract with Florida Community College at Jacksonville. This individual meets the established grade point average (GPA) and high school classification criteria, and I recommend that he/she be enrolled in the course(s) listed on the reverse side of this application.

Mark items attached:

- Transcripts and GPA
 Test Scores

PLEASE ATTACH FULL TRANSCRIPT WITH CURRENT CUMULATIVE GPA.*Applications without the appropriate attachments will be returned.*

High School Counselor Signature _____ Date _____

PARENT/GUARDIAN AGREEMENT & RESIDENCY AFFIDAVIT*To be completed by Parent/Guardian*

Name of Applicant: _____ has my permission to enroll at Florida Community College in the dual enrollment program. I understand that credit will be provisional until he/she earns a high school diploma. I have read the section above signed by the school officials and agree that my child will return to high school upon failing to meet the requirements listed above.

I attest that I am a bonafide resident and domiciliary of the State of Florida. I have lived in Florida since:
 Month _____ Day _____ Year _____. I declare under penalty or perjury punishable by law as a misdemeanor under Section 837.06, Florida Statutes, that the foregoing is true and correct.

Parent/Legal Guardian Signature _____ Date _____

STUDENT AGREEMENT*To be completed by Student*

- I hereby apply for admission to Florida Community College at Jacksonville and agree to abide by all rules and regulations of the College.
- I authorize release of my academic record to the high school named in this application.
- I understand that Florida Community College at Jacksonville will not release official transcripts to any other schools/organizations until verification of high school graduation is received and the Record Change Form is completed to change my admission status.
- I understand that to continue enrollment at Florida Community College at Jacksonville after graduation, I must submit a Record Change Form to change my admission status.
- I have checked this application for error and certify that the information is accurate and complete.

Applicant Signature _____ Date _____