

Name of Student _____ Current Grade Level _____

Name of Student's School System _____

Student's High School _____

Student's Date of Birth _____ Anticipated Date of Graduation _____

Dual Enrollment Student Participation Agreement

The Dual Enrollment (DE) program provides opportunities for eligible students in grades 9-12 to enroll part- or full-time in postsecondary institutions and take college courses to earn both high school and college credit. Effective July 1, 2015, the Dual Enrollment program combined all previous Georgia dual-credit programs into one program entitled Move On When Ready, later changed to Dual Enrollment, repealing all conflicting laws.

Note: Copies of this completed form must be provided to the students, parents/guardians, and respective postsecondary institution(s).

Note: This completed form should not be forwarded to the Georgia Department of Education or the Georgia Student Finance Commission.

I. Dual Enrollment (DE) Requirements (Completed by Parents/Guardians)(Please circle Yes, No, or NA)

Yes/No The student's Individual Graduation Plan has been updated to reflect the plan of study through the Dual Enrollment program.

Yes/No The student participant and his/her parents or guardians acknowledge that dropping any classes before the end of the quarter or not following program rules and regulations may result in a (F) failure grade, removal from the Dual Enrollment program, and may affect the student's high school graduation requirements. Dual Enrollment courses will become part of the student's high school and college permanent transcripts.

Yes/No The eligible Dual Enrollment students must contact the high school counselor for approval before any course changes can be made during the quarter.

Yes/No Dual Enrollment expectations and responsibilities have been shared by the school counselor and all student and the parent/guardian questions/concerns have been addressed.

Yes/No The parent/guardian acknowledges that the U.S. Department of Education requires that all post-secondary institutions provide training on sexual assault awareness and prevention under Title IX, 4 C.F.R. §106. This mandatory training information will be provided to all Dual Enrollment students by the post-secondary institution at no cost.

Yes/No /NA A student participating in the high school post secondary graduation opportunity through Dual Enrollment must have completed all state-required coursework and any state-required assessments associated with these courses that are taken at the high school and not through Dual Enrollment.

I, _____, hereby grant permission for the college/university to release information about my (Student Name – Please Print)

enrollment and grades, including class schedules and transcripts, to my high school counselor or principal, for the purpose of verifying my high school graduation requirements.

This release will remain in effect throughout my enrollment as a Dual Enrollment student.

**II. Dual Enrollment Quarter of Participation: This document is required each quarter
(Select one or indicate the term by course selection)**

_____ Summer 2018 _____ Fall 2018 _____ Winter 2019 _____ Spring 2019

I have applied or plan to apply as a DE student to the following College/Postsecondary Institution(s):

III. High School Courses To Complete Through DE-- Final Schedule Will Be Based On College Availability

_____ Part Time (Dual Enrollment)

_____ Full Time (Dual Enrollment)

High School Course Number and Name	Term(s) Course May Be Taken

**IV. Only For Students Pursuing Alternate Graduation Option-
Check Below**

_____ Associate's Degree

Program Study/Major _____

Anticipated Completion Date _____

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not be forwarded to the
Georgia Department of
Education or the Georgia
Student Finance
Commission.**

V. Dual Enrollment Participation Signatures

Student Name Printed _____ Date _____

Student Signature _____

Phone Number _____ Email _____

Parent/Guardian _____ Name _____

Printed _____ Date _____ Parent/Guardian _____

Signature _____ Phone _____

Number _____ Email _____

****Please review the addendum for Georgia Military College Preparatory School students.*

School Counselor Name Printed _____ Date _____

School _____ Counselor _____

Signature _____ Phone _____

Number _____ Email _____