



Dual Enrollment Program Enrollment Agreement

SECTION I - STUDENT INFORMATION:

Please **PRINT** in blue or black ink.

Last Name First Name MI Date of Birth Polk State College Student ID

High School Name HS Counselor's Name HS Counselor's Phone HS Counselor's E-mail

POLK STATE COLLEGE ACADEMIC TERM _____ YEAR _____

SECTION II - COUNSELOR or HOME SCHOOL PARENT APPROVAL:

- EARLY ADMISSION:** (12 – 15 credits per semester) (Students who have earned 21 high school credits.)
- ACCELERATED DEGREE PROGRAM:** (15+ credits per semester in selected programs)
- DUAL ENROLLMENT:** (3 – 11 credits per semester)

TEST SCORES: Reading: Type: _____ Score: _____ Date: _____
 Writing: Type: _____ Score: _____ Date: _____
 Math: Type: _____ Score: _____ Date: _____

Guidance Counselor/ Home School Official Signature _____ Date _____

SECTION III – PRINCIPAL APPROVAL:

Polk County, Home School, Private, or Out-of-County Students

1. Signature indicates the high school principal (Polk or out-of-county) has read the Polk State College Dual Enrollment Articulation Agreement and relevant addendum and understands and agrees to its policies found at www.polk.edu.

Principal Signature _____ Date _____

SECTION IV – PARENT AND STUDENT UNDERSTANDINGS:

Student AND parent/guardian - Please initial each statement below. Your initials indicate that you understand the eligibility criteria, enrollment steps, registration timelines, articulation, and deadlines for enrolling as a dual enrollment student with Polk College. **Student - initial the first line and parent - initial the second line.**

1. I understand all the steps required to enter the dual enrollment program. _____
2. I understand the timeline for each dual enrollment step and will abide by it. _____
3. I understand that when I do not meet the criteria and timeline, I will not be able to enroll in the program.

4. I understand that it is my responsibility to follow-up with all entities to ensure that enrollment in the program/course(s) takes place. _____



5. I understand the courses selected and enrolled in are solely my responsibility. _____
6. I understand participation in any combination of dual enrollment, early admission, and the accelerated degree program is limited for a total of three academic years no matter which semester is the initial enrollment.

7. I understand that I must maintain a minimum cumulative GPA of 2.00 at Polk State and continue to maintain a high school GPA of 3.00 to remain eligible for the dual enrollment program. _____
8. I understand that Early Admission students, including Accelerated Degree program students, must maintain a minimum cumulative GPA of 2.0 at Polk State and maintain a high school GPA of at least 3.20 to remain eligible for the Early Admission program or the Accelerated Degree program. _____
9. I understand the College covers two attempts at a course. Third and subsequent attempts must be paid for by the student after completion of high school and at the “full cost of instruction,” which is generally equivalent to out of state tuition. _____
10. I understand the College does not provide transportation to any college campus or center for dual enrollment. Transportation will be the responsibility of the student. _____
11. I understand all students, including dual enrollment students, are subject to FERPA privacy laws. Parents are not permitted information about the student’s attendance, academic performance, or grades without proper FERPA permission regardless of the site where the class is held. Read the College Catalog for additional FERPA information. Advisors do not have, nor are they able to provide attendance and grade information to parents.

12. I understand students may withdraw from a dual enrollment course and receive a grade of “W” on their college transcript; however, the high school grade assigned for a withdrawal is based on the rules and regulations of the high school. Only the student, professor, or college administration can withdraw a student from a college class.

13. My signature below indicates that I have read the Polk State College Dual Enrollment Articulation Agreement and relevant addendum and I understand and agree to its policies found at www.polk.edu. _____

Student Signature

Date

Parent/Guardian Signature

Date