

# Dual Enrollment Credit Participation Permission Form

## FY 2015

### I. Overview of Dual Enrollment Credit

- a. Dual Enrollment Credit provides opportunities for high school students in grades 9-12 to enroll part or full-time at postsecondary institutions to earn dual credits. General information about the different dual credit programs must be distributed to all students in grades 8 through 11 **before April 1.**
- b. College dual courses taken by students may not cover all standards that are tested in the End of Course Test.
- c. The counseling services concerning participation in dual enrollment credit have been provided to the participant and parents/guardians. The Georgia Department of Education's program guidelines and the student responsibilities have been explained and discussed and the participant clearly understands what is expected in order to enroll and continue participation in Dual Enrollment Credit. The student understands he/she must still meet the postsecondary institution's Dual Enrollment Credit requirements and approval before acceptance is completed. They have been made aware that dual credit grade conversions from the colleges could have a **negative effect** on their high school G.P.A. and class standing.
- d. The amount of tuition, mandatory fees, books and materials that may be paid for the student is dependent on which program the student participates. The financial information has been explained to the parents and students. There could be other expenses the student and/or parents/guardians may occur that would be their responsibility to pay.

### II. *Circle the following information regarding potential Dual Credit students:*

1. **Yes / No** The student is currently on track to graduate from high school and meets all the eligibility requirements for participation required by secondary and postsecondary guidelines.
2. **Yes / No** The student is a resident of Georgia as required by dual credit program guidelines.

### III. *Indicate the Dual Credit Program Requested by Student:*

*Move On When Ready*       *Dual HOPE Grant*       *ACCEL*

### IV. *Indicate the potential Dual Credit High School Course Numbers and Course Names below and identify whether they are a core or elective course requirement:*

1. \_\_\_\_\_ 5. \_\_\_\_\_
2. \_\_\_\_\_ 6. \_\_\_\_\_
3. \_\_\_\_\_ 7. \_\_\_\_\_
4. \_\_\_\_\_ 8. \_\_\_\_\_

**V. Semesters of Participation**

Fall 20\_\_

Spring 20\_\_

Fall 20\_\_

Spring 20\_\_

**VI. Initial Required Dual Credit Participation Conference (required by law)**

The student below has met the high school requirements and is recommended to the college/university listed below to be approved as a Dual Credit Student.

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Print Student's Full Name

Student GTID NUMBER

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Student Signature

Date

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Parent/Guardian Signature

Date

---

Counselor Signature

Date

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Name of High School

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Name of School System

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Name of College Attending For Dual Credit

**VII. Dual Credit FTE Verification Checkpoint**

The dual enrolled student must have a checkpoint conference at the high school with a counselor to sign and verify current enrollment and eligibility in a dual credit program in an eligible postsecondary institution.

**Dual Credit FTE Verification Checkpoint below:**

***September 23, 2014***

***Fall 2014 Dual Credit Checkpoint***

Student must come to meet with a School Counselor by **September 23, 2014** and indicate items below:

\_\_\_ I still currently meet all requirements for participation in the above indicated dual credit program.

\_\_\_ I am currently enrolled in the  
\_\_\_ MOWR  
\_\_\_ Dual HOPE Grant  
\_\_\_ Accel

program at the beginning of the Fall 2014 semester.

***January 23, 2015***

***Spring 2015 Dual Credit Checkpoint***

Student must come to meet with a School Counselor by **January 23, 2015** and indicate items below:

\_\_\_ I still currently meet all requirements for participation in the above indicated dual credit program.

\_\_\_ I am currently enrolled in the  
\_\_\_ MOWR  
\_\_\_ Dual HOPE Grant  
\_\_\_ Accel

program at the beginning of the Spring 2015 semester.

\_\_\_\_\_  
Student Signature for Fall 2014 semester

\_\_\_\_\_  
Student Signature for Spring 2015 semester

\_\_\_\_\_  
Conference Date

\_\_\_\_\_  
Conference Date

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date