

## SJR State Dual Enrollment/Collegiate High School/Early Admissions Registration/Approval Form

## \*This form must be completed each term/semester

CLASS LOCATION:  HIGH SCHOOL GRAD YEAR  NAME:  Last			SJR State site		High School s	ite	Year-Term				
			NEW STU	JDENT	RETURNING	STUDENT		_			
			First	Middle	DATE OF BIRTH:		////				
ADDRESS:											
ADDRESS: Mailing Address				City		Sta	te		Zip C	ode	
EMAIL:				SJR STA	TE X NUMBE	R (REQUIRED): X	<b>Κ</b> 00				
PHONE NUMBE	R:		SCHOOL:								
				participate in the Dui in <u>any</u> dual enrollmer							
STUDENT SIGN	ATURE:			DATE:							
COLLEGE CREI	OIT applic	able towa for a high	ards an Associates De school diploma. An	gram at SJR State is a egree or college credit ny public school stude	certificate WHI	LE AT THE SAM	E TIME	EAR	NIN	3	-
considered. Stude Florida College E MUST BE ON FI Math courses mus Over	ents must j ntry Level LE TO EN st attain a contact and contact an	provide reprovide reprovid	ecent (within 2 year) Int Test (CPT), or the N COLLEGE CRED g score.  A:	participate in the Dual results of American Control Postsecondary Education DUAL ENROLLM  Couton Dual Enrollment an	ollege Test (AC tion Readiness T MENT COURSE unselor's Initials:	T), the Scholastic Test (PERT). OFF S. Students plann	Aptitude ICIAL 7	e Test ΓEST iroll i	(SAT SCO n Eng	T), RES lish (	
CRN/Section	Credit D.E.		Course Prefix &	GID G G	TP'-1	TT:			***	ъ	Τ.
Number	Hours	Code	Number	SJR State Cou	rse Title	Times	M	T	W	R	F
Total Hours							•				
I hereby certify th College Level.	at this stu	dent has o	demonstrated the mat	urity, motivation, dep	endability and <u>ac</u>	cademic ability to	perform	satist	factor	ily at	the
X					X						
Signature of	High Scho	ool Couns	elor	Date	Signature	of Principal or Of	ficial De	elegat	e l	Date	