	SJF	R State	Dual Enrollm	0	0	/Early Admis	sions				
ST. JOHNS RIVER STATE COLLEGE		;	Kegi This form mu	-	proval Form ted each term/	/semester					
CLASS LOCATION:			SJR State site		High School site		Year-Term				
HIGH SCHOOL (GRAD YEA	AR	NEW STU	JDENT	RETURNI	NG STUDENT					
NAME:Las	t		First	Mid		OF BIRTH:	/		_ /		
ADDRESS: Mai	ling Addre	SS		City			State		Zip C	Code	
EMAIL:				SJ	R STATE X NUM	BER (REQUIREI	D): X00				
PHONE NUMBE	R:				SCHOOL:						
make below a "C" STUDENT SIGN In accordance with COLLEGE CREE required high scho matriculation, lab 	(including ATURE:	w, the D ble towar or a high nstruction <u>11</u> 3.0 unv rovide re Placemen	vighted 3.0 G.P.A. to de for withdrawing) ual Enrollment Prog rds an Associates D school diploma. An nal materials. veighted G.P.A. to p cent (within 2 year) nt Test (CPT), or the N COLLEGE CRED	gram at SJR Stat egree or college ny public school participate in the results of Amer e Postsecondary	billment course, I was e is a program of accredit certificate W student so enrolled Dual Enrollment P can College Test (A Education Readine	DATE:	area G.P.A op a high sc AME TIME ne payment area G.P.A stic Aptitud DFFICIAL	hool s E EAF of reg .'s wi e Test FEST	e prog studer NING gistrat Il not SCO	gram. G ion, be (), RES	ns -
Math courses mus										,	51
		ake the fo	ollowing course(s) f	or Dual Enrollm	Counselor's Initi ent and to satisfy th		chool credit	(Ple	ase li	st cou	ırse
CRN/Section Number	Credit Hours	D.E. Code	Course Prefix & Number	SJR Stat	e Course Title	Times	М	Т	W	R	F
								1			
Total Hours											

I hereby certify that this student has demonstrated the <u>maturity</u>, <u>motivation</u>, <u>dependability</u> and <u>academic ability</u> to perform satisfactorily at the *College Level*.

Χ_

Signature of High School Counselor