



Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student's High School Name \_\_\_\_\_

Student's School System Name \_\_\_\_\_

Anticipated Graduation Date \_\_\_\_\_ Current Grade Level \_\_\_\_\_

### **Dual Enrollment Student Participation Agreement FY 2018**

The Dual Enrollment (DE) program provides opportunities for eligible students in grades 10-12 to enroll part- or full-time in postsecondary institutions and take college courses to earn both high school and college credit.

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

**When this form has been completed, please send by email to: [dualenroll@westga.edu](mailto:dualenroll@westga.edu) .**

#### **I. Dual Enrollment (DE) Requirements (Reviewed and initialed by Parents/Guardians)**

\_\_\_\_\_ The student's Individual Graduation Plan has been updated to reflect the plan of study through the DE program.

\_\_\_\_\_ The eligible DE student must contact the high school counselor for approval before **any** course/schedule changes can be made during the semester/quarter. All DE courses and the course grade will become part of the student's high school permanent transcript.

\_\_\_\_\_ The student and parent/guardian acknowledges that should a participating DE student choose to withdraw from a college course, the high school will make its best attempt to place that student in a corresponding high school course or online credit opportunity to meet course completion and graduation requirements. If no corresponding course or credit recovery opportunity is possible, the local school system shall determine how the course will be recorded as a withdrawal or incomplete on the student's transcript. (Check with school officials for the local school system policy regarding withdrawal from DE classes.)

\_\_\_\_\_ DE expectations and responsibilities have been shared by the school counselor and all student and parent/guardian questions/concerns have been discussed.

\_\_\_\_\_ 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 the Violence Against Women Act. This mandatory training information will be provided by post-secondary institutions at no cost and could include DE students.

\_\_\_\_\_ Dual Enrollment students must complete a funding application every semester.  
Public/Private School students must complete the online Dual Enrollment funding application at:  
[https://apps.gsfc.org/SecureNextGen/accel/dsp\\_accel\\_select.cfm?act=N](https://apps.gsfc.org/SecureNextGen/accel/dsp_accel_select.cfm?act=N)  
Home school students will complete a paper form that can be found at:  
<https://www.gafutures.org/media/187508/dual-enrollment-funding-application-2017-2018.pdf>

I, \_\_\_\_\_, hereby grant permission for the college/university to release information (Student Name – Please Print) of my 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 DE student.

**II. Dual Enrollment Semester of Participation: This document is required each semester.**

TERM: \_\_\_\_\_ YEAR: \_\_\_\_\_

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

University of West Georgia

**III. High School Courses for Credit Through DE-- Final Schedule Will Be Based On College Availability**

Check Below

\_\_\_\_ Part Time DE Student (Combination of DE + High School course(s) to equal full high school schedule)

\_\_\_\_ Full Time DE Student (DE Courses-Minimum of 12+ Hours with at least 4+Postsecondary Courses)

High School Course Number	High School Course Name

**IV. Dual Enrollment Participation Signatures**

Student Name Printed \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_

Student Phone Number \_\_\_\_\_ Student Email \_\_\_\_\_

Parent/Guardian Name Printed \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Parent Phone Number \_\_\_\_\_ Parent Email \_\_\_\_\_

School Counselor Name Printed \_\_\_\_\_ Date \_\_\_\_\_

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

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**V. General Information**

1. DE classes attended on the college campus follow the college calendar and DE classes attended on the high school campus during their scheduled school day follow the high school calendar.
2. Students participating in DE college courses should do so with the knowledge that the course work may be more rigorous and challenging than high school courses. Students are held to a higher degree of independent responsibility and accountability than in regular high school classes.
3. Students may be responsible for additional costs, such as course or lab fees/supplies, and/or fees charged for late or damaged textbooks.
4. Please send completed form to: [dualenroll@westga.edu](mailto:dualenroll@westga.edu) .
5. For additional information about the Dual Enrollment program at the University of West Georgia, please visit our website at: [www.westga.edu/dualenroll](http://www.westga.edu/dualenroll)