

# University of Florida Dual Enrollment Application

Office: 352-273-4155 • Fax: 352-392-7049 • Dual-Enrollment@dce.ufl.edu • <http://dualenrollment.dce.ufl.edu>

UF's Dual Enrollment (DE) program provides the opportunity for qualified high school students to enroll in undergraduate college courses while simultaneously enrolled in a Florida public or private school. Students receive both high school and college credit for these courses. To be eligible for DE, students must attend a high school that has an Articulation Agreement with the University of Florida and must meet the specified eligibility criteria.

**Student Data: (print neatly)**

Alachua Students (SBAC) ONLY: I am interested in  Online and/or  On-campus courses. I understand I will be required to complete all Alachua County paperwork, and will complete an advising session with a DE coordinator.

Last Name:		First:		M.I.:
(Optional) Nickname:			Date of birth:	
Street Address:			Apt #:	
City:	FL	Zip code:	Home phone:	
E-Mail address:			Cell Phone:	

*\*Please provide current and regularly checked email address*

**If returning Dual Enrollment student:**

UF ID #:	GatorLink Email address:
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**To be completed by High School Guidance Counselor:**

I verify that \_\_\_\_\_ is enrolled at \_\_\_\_\_ High School in Alachua County.

This student meets the established eligibility criteria as set forth by UF's Dual Enrollment Office and SBAC.

Present cumulative unweighted GPA: \_\_\_\_\_ Qualifying Test Score: \_\_\_\_\_

Anticipated graduation date: \_\_\_\_\_. I recommend s/he be enrolled for  1 course or  2 courses for the \_\_\_\_\_ semester (\*1 course suggested for new students) of the year \_\_\_\_\_. Please list the courses (or subject areas) the school

approves this student to pursue below. On campus course availability should be verified at [one.ufl.edu/soc](http://one.ufl.edu/soc) and viewing the Schedule of Courses for the appropriate term. Online course availability should be verified on [dualenrollment.dce.ufl.edu](http://dualenrollment.dce.ufl.edu).

Unapproved coursework will be dropped with a W. It is the student's responsibility to ensure courses are approved.

<b>Approved Course 1:</b>	<b>Approved Course 2:</b>
<b>1<sup>st</sup> Alternate Course 1:</b>	<b>1<sup>st</sup> Alternate Course 2:</b>
<b>2<sup>nd</sup> Alternate Course 1:</b>	<b>2<sup>nd</sup> Alternate Course 2:</b>

School Counselor name: \_\_\_\_\_

School Counselor phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext # \_\_\_\_\_

School Counselor E-mail: \_\_\_\_\_

School Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

District Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Parent or Guardian approval:**

The Applicant has my permission to dual enroll at the University of Florida. I understand that the grades he/she receives while dual enrolled will remain on his/ her permanent college transcript.

Parent/Guardian 1 (signature): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian 2 (signature): \_\_\_\_\_ Date: \_\_\_\_\_

**Student agreement:**

I hereby apply for admission to the Dual Enrollment program at University of Florida and agree to abide by all rules and regulations of the University. I authorize release of my academic and financial records to the high school and district named in this application. I understand that the grades I receive while dual enrolled at UF will remain in my permanent college transcript.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_