

White Coy – District Office;

DUAL ENROLLMENT AUTHORIZATION REQUEST FORM

PLEASE PRINT CLEARLY

				ADL I KI	INT CLEARL I				_	
Term Enrolled	Fall	S	Spring Su	mmer	School Year		on HS Campus	off HS Campus		
-										
Student Name		M-DCPS ID#		M-DCPS High School		ol	_	nternational Univers ade College	ity	
								aue Conege		
Student Signature		De		Paren Paren		ent/G	uardian's Signature	Date		
	TO BE CO	MPI	LETED BY ST	TUDENT	Γ'S COUNSEL	OR (PRINT CLEA	RLY)		
Student's unweighed GPA				TED BY STUDENT'S COUNSELOR (PRINT CLEARLY) Specify the high school requirement(s) the DE course(s) will meet						
Counselor's Signature		Dav		ate	Prin		ipal's Signature	Date		
Any questions	s, please call	the Di	ivision of Mather	natics, Sc	ience, and Advanc	ed Ac	cademics Progran	ns at (305) 995-1934.		
			DUAL ENR	OLLME	NT BOOK VO	UCH	<i>IER</i>			
To the student:	You are	resno	onsible for th	e refurn	of all textboo	ks is	sued to you.	Students will be he	eld.	
financially resp	onsible for	any	textbook(s) r	ot retui	rned to their hi	igh s	chool. Textbo	ok affiliated costs f	for	
District as its p						otect	ted and canno	ot be returned to t	he	
		OURSE NAME					K TITLE	PRICE	 E	
NUMBER										
								<u> </u>		
	llege Represent	ative's	Signature			Title	,	TOTAL		

Yellow Copy – Student;

Pink Copy – College/University;

Gold Copy - School