

## Dual Enrollment Approval/Registration Form

The Dual Enrollment Program at Saint Leo University is a unique learning opportunity for eligible high school students who wish to accelerate their educational goals. Saint Leo University looks forward to helping Dual Enrollment students enrich their educational experiences through a quality academic program and excellent student development services.

Note: The Dual Enrollment Approval Form is required for each term of enrollment. Term:\_\_\_\_\_ Course(s):\_\_\_\_ Course Title(s): Student Last Name: First: Middle Initial: Street Address: City/State/Zip Code: Phone: \_\_\_\_ Social Security Number: \_\_\_\_\_ Email Address: D.O. B.: Name of High School: Expected Graduation (Month/Year): Do you have ready access to a computer? My signature below indicates I understand that the courses I am taking are Saint Leo University courses, and will become a part of an official student record at Saint Leo University. These courses and the grades I earn will appear on an official transcript. My signature below indicates: 1) that I understand and will abide by the regulations of the Dual Enrollment Program and all other policies at Saint Leo University as listed in the University Catalog: http://saintleo.catalog.acalog.com/index.php, 2) I authorize the University to release information regarding attendance, academic progress, etc., to the administration of the secondary school named on this form. Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Date: Parent Signature: The signature of the principal or principal designee certifies that this student meets the minimum required GPA for participation in the Dual Enrollment Program in accordance with the Inter-Institutional Articulation Agreement in place between the University and the High School. Name/Title:

Signature: \_\_\_\_\_ Date: