

## DISTRICT SCHOOL BOARD OF PASCO COUNTY HIGH SCHOOL/PASCO-HERNANDO STATE COLLEGE DUAL ENROLLMENT REQUEST

MIS Form #451 Rev. 12/16

This form is to be used by students meeting Dual Enrollment GPA and test requirements.

DISTRICT STUDENT NUMBER:	PHSC S	STUDENT ID I	NUMBER:			
NAME:					GRADE:	
Last First		Middle				
HIGH SCHOOL:	INTE	NDED MAJOR	:			
I request dual enrollment in the following college-level courses:		CAMPUS	, L <sub>Φ</sub>	TERM (CHECK)		
PHSC SECTION PHSC		(CHECK	( ) BJB ARE/	FALL	SPRING	1
COURSE # # COURSE	TITLE	HS / PHSC	<u>જે</u>			
1						
2						
3						
4						
5						
Maximum # of courses student may take:						
ALTERNATE CHOICES - In ORDER of Priori (if above courses are not available)	ty		<del></del>	_		
1						
2						
3						
4						
5						
I certify that this student meets the unweighted GPA requirement and the		ed above meet l	igh school gradu	ation requir	ements.	
No DE application attached - prior DE student PBD student meets program requirements Unofficial						
No test score - student needs to take PERT  Career Academy Student  Transcript						
Minimum GPA confirmed as						
Minimum test scores confirmed as attached (Test History)  High School Guidance Counselor Signature  Date						
We hereby authorize the exchange of grade/transcript data between the above listed high school and PHSC for purposes related to the dual						
enrollment program.  • We request the student be enrolled in the above courses but we understand the student must meet PHSC enrollment criteria.						
We agree transportation to and from the PHSC campus will be entirely the responsibility of the student/family.						
<ul> <li>We understand credits will be used to fulfill high school graduation requirements and/or college or technical credit.</li> <li>We understand the transfer of these credits is subject to the approval of each college or university.</li> </ul>						
<ul> <li>We understand the student must see a PHSC advisor to register for classes held on the PHSC campus.</li> <li>We understand the student must be enrolled in a total of six (6) classes per semester and must follow the District's and PHSC's policies and timelines</li> </ul>						
for drop/add and withdrawal from courses.	ses per semester	and must follow	the districts and	PHSC'S PC	olicies and t	ımeiines
Student Signature Date	 Par	ent Signature				Date
FOR PHSC USE ONLY:	1 41	ont oignature				
I certify that the student meets the criteria and conditions to enroll in the above courses except as noted below.						
Test Scores OK Meets all pre-r	reas					
Insufficient test Does not meet	-					
scores (see below) pre-reqs (see	below)	SC Advisor S	ianature		ı	
	SC Advisor S	gnature		I	Date	