



Dual Enrollment Exception Request Form

Complete this form to request for a **ONE-SEMESTER EXCEPTION** to the minimum standards outlined in the Dual Enrollment Articulation Agreements. An appeal will only be considered with the support of the High School Counselor, School District Designee and proper supporting documentation.

Student Name: _____ IRSC Student ID#: _____
High School: _____ High School ID#: _____
Semester: _____ Academic Year: _____

Exception Requested

Supporting Documentation Included:

- ☐ Student letter of appeal as to why an exception should be allowed
- ☐ High School Designee letter in support of appeal
- ☐ Transcript indicating current GPA
- ☐ Graduation requirements

Explanation for Exception (add additional paper as needed)

High School Counselor

Approval: ☐ Yes ☐ No, _____

Name: _____ Phone: _____

Signature: _____ Date: _____

High School District (If applicable)

Approval: ☐ Yes ☐ No, _____

Name: _____ Phone: _____

Signature: _____ Date: _____

Indian River State College

Approval/Processed: ☐ Yes ☐ No, _____

Name: _____ Phone: _____

Signature: _____ Date: _____