Indian River State College

College Student ID Number (if applicable)

Dual Enrollment Program Agreement

*Legal Name (First Name Only, No Nickname)	Middle Initial	*Last Name	Suffix (Jr, II)

*Mailing Address: Street Address or PO Box	*City	*State	*Zip Code	County

Home Phone #	* Student Cell Phone #	*Date of Birth: MM/DD/YYYY

*Type of Student: □ High School □ Home School □ Personalized Education program (PEP)	*Name of High School or Home School/PEP District

*City of High School or Home School Program	*County of High School or Home School Program	*Anticipated Graduation *Month: _____ *Year: 20 _____

Eligibility Requirements:

- Students must have a minimum unweighted GPA of 3.0 to enroll in any college credit course and 2.0 for vocational clock hour courses. Students enrolled in a Special Program may participate with alternate standards. (See Special Programs in the dual enrollment articulation agreement with your school or school district)
- Students must demonstrate college readiness by achieving or exceeding minimum scores on Common Placement Tests, Alternative Placement Tests, or by approved High School Coursework as provided under SBE Rule 6A-10.0315.
- Student must complete this Program Agreement (Form 508), signed by the student and parent/guardian.
- Home School students must provide proof of enrollment in a Home education from student's local school district.
- Personalized Education Program students must provide proof of enrollment in a PEP program from Step Up.
- Student must meet any other eligibility requirements listed in their high school's articulation agreement with the College.

*STUDENT AND PARENT AGREEMENT (Please read and acknowledge the terms below)

☐ We, the student and parent or legal guardian, agree for the above named to enroll in the Dual Enrollment program offered in coordination with the school district and Indian River State College. We will cooperate with both the high school and the College in fulfilling responsibilities.

☐ We understand the course selection for enrollment will be authorized each term by the high school counselor for courses that are creditable toward the high school diploma, and that the student is responsible for self-registering for these approved courses up to a maximum limit of 60 total attempted credits.

☐ We understand that any course that ends after the date of the student's high school graduation is not eligible for Dual Enrollment.

☐ We agree to abide by the guidelines of the Dual Enrollment program, the terms of the Articulation Agreement, as well as the College policies and procedures, while enrolled in IRSC.

☐ We understand that any courses registered for, or grades received, become a permanent part of the student's college record. Furthermore, we understand the academic and financial implications of earning a withdrawal (W), failing (F), or incomplete (I) grade, and understand that the student must maintain a college 2.0 cumulative GPA for continuous dual enrollment participation. I am aware that a second attempt requires an eligibility review, approval by the high school and the college, and will be at my own expense.

☐ At the end of each semester, we authorize IRSC to forward grades to the high school. Because these credits apply towards high school graduation, we understand it is the student's responsibility to receive approval from the high school counselor for permission to drop or withdraw from a Dual Enrollment course.

☐ We understand that Student Accessibility Services at IRSC asks for voluntary self-identification of students with a documented disability. We acknowledge that high school accommodations do not automatically transfer into college, and the student must independently apply, submit documentation, and speak with an Advisor to receive accommodations for Dual Enrollment courses.

By signing below, the student applying to enter a Dual Enrollment program, has read, understood, and consents to the agreement above. I authorize IRSC to discuss my college record with my high school counselor and the parent or legal guardian listed below. We certify that all the information submitted in the agreement is true to the best of our knowledge. We understand that any misrepresentation of facts may result in the immediate cancellation of the student agreement or registration. Students who change school locations must notify the College immediately and submit a new form.

***Student: Signature**_____ **Full Name**_____ **Date (MM/DD/YYYY)** _____

***Parent/Legal Guardian:**

Signature_____ **Full Name**_____ **Date (MM/DD/YYYY)** _____

(Optional) Additional Parent/Legal Guardian:

Signature_____ **Full Name**_____ **Date (MM/DD/YYYY)** _____

*Asterisks are required fields for this form to be considered complete.