



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: _____

Parent Signature: _____ Date: _____

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: _____