



Dual Enrollment Returning Student ADVISEMENT Form Spring Term 2024

Please complete this form and submit to your counselor by November 1, 2023, or earlier.

Name _____ Current Grade Level _____

DE College Name/s _____

High School Courses to be completed spring term – (BOTH DE and HS courses)

High School Course Name List classes you are taking at Cambridge HS both face to face and online	DE College Course Name i.e., ENGL 1101 or POLS 1100	Course # from DE Catalog i.e. HS # 23.0340 for ENGL 1101 or 45.0570 for POLS 1100	Self-Pay Yes or No

Dual Enrollment Terms and Conditions

Parent/Guardian and student please initial below agreeing to the terms of dual enrollment:

_____ I understand I must provide a copy of my dual enrollment college schedule to Ms. Sydney Johnson via email johnsons28@fultonschools.org by December 15th for scheduling and/or funding approval.

_____ I understand that I am bound by the terms listed on the Fulton Country Dual Enrollment Contract that I signed last semester for the 2023-24 school year. (Contract can be found at <https://www.fultonschools.org/Page/26746>.)

_____ I understand I cannot drop a college class without prior approval of my high school counselor.

Student Signature _____	Date _____
Parent/Guardian Name _____	
Parent/Guardian Signature _____	Date _____

Accelerated Career Diploma only Check below indicating which credential will be earned and term of completion:

Degree/Diploma/2 Certificates Completion Term _____

____ Associate Degree ____ Tech College Diploma **OR**

____ Two Technical College Certificates (TCCs) on Approved OPTION B list. List name of certificates:

1. _____
2. _____

Office Use Only: Date Received _____