PHS Dual Enrollment Student Advisement Sheet

Student's Name_____ Date of Birth _____

Student's High School_____ Student's School System _____

9th Grade Entry Date_____ Anticipated Graduation Date_____ Current Grade Level _____

To be **completed EACH term** a student participates in a dual enrollment program

The Dual Enrollment (DE) program provides opportunities for eligible high school students to enroll part or full-time inpostsecondary institutions to take college courses and earn both high school and college credit.

Dual Enrollment Semester/Quarter of Participation: *This document is required each semester/quarter*

TERM: _____ School Year: _____

1. **Postsecondary Institution** I plan to attend as a Dual Enrollment Student:

   _____

2. **High school/DE status:**

   Check Below (*Maximum of 15 semester or 12 quarter hours per term funding limit*)

   _____ Part Time DE Student (Combination of DE + High School course(s))

   _____ Full Time DE Student (DE Courses only - Minimum of 12+ Hours of Postsecondary Courses)

3. **College courses to be completed this term:**

   Final schedule will be determined by high school and college course schedules.

HS Course Number from Course Directory on GAfutures	High School Course Name Use HS course name from the DE course directory on GAFutures	DE College Course Name i.e., ENGL 1101 or MATH 1111 or POLS 1101	Term
Example: 23.03400	Advanced Composition	Engl 1101	Fall
			ALTERNATE course
			ALTERNATE Course

4. **ONLY** students pursuing a diploma through the **High School Postsecondary Graduation Opportunity/ Accelerated Careers (formerly Option B)**

   Check below indicating which credential will be earned:

   _____Associate Degree

   _____Technical College Diploma

   _____Two (2) Technical College Certificates (TCCs) on **Approved SB2 list http://bit.ly/optionbprograms**

   Program of Study Area in which credential will be completed:

   _____   *(e.g., Welding, World Language, etc.)*

Student Name Printed_____Date_____

Student Signature_____

Student Phone Number_____

Student Email _____

Parent/Guardian Name Printed_____Date_____

Parent/Guardian Signature_____

Parent Phone Number_____

Parent Email_____

NOTES:

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