



DUAL ENROLLMENT PROGRAM STUDENT PROCEDURES

The following steps must be followed to participate in the DE Program:

- ☐ 1. Attend a Parent/Student Information Meeting or watch/review the DE presentation on GOC's website.
- ☐ 2. Complete the Advisement/Contact Information Form and GCPS Permission Form. Return completed packet to Ms. Floyd, GOC DE Coordinator.
- ☐ 3. Complete Part 1 of the on-line DE Funding Application) Both you and your parent must complete a portion on this required document. This is accessed at gafutures.org.
- ☐ 4. Apply and gain acceptance to the college/university of your choice. You are responsible for following the college's application procedures and meeting all deadlines.
- ☐ 5. After receiving your college acceptance, notify Ms. Floyd. It is your responsibility to know which courses you still need to complete for graduation. Set up an appointment with your counselor to review your credits.
- ☐ 6. Meet with your college advisor to set your college schedule. Email your college schedule to Ms. Floyd as soon as you have registered.
- ☐ 7. Communicate with Ms. Floyd to review your college schedule and to complete your Senior Application for Graduation (if appropriate).
- ☐ 8. If you are taking a course that requires a Georgia Milestone EOC (Algebra I or Biology), it is your responsibility to check with your high school DE coordinator to find out the date, time and location of your test.
- ☐ 9. At the end of the semester, provide an official copy of your college transcript to your high school DE coordinator, Ms. Floyd.

NOTE: Steps 6-9 must be completed for each semester (fall, spring and summer). An official copy of your 2nd semester college schedule can be emailed to Ms. Floyd instead of scheduling a face to face meeting.

DE STUDENTS ARE RESPONSIBLE FOR COMPLETING ALL HIGH SCHOOL GRADUATION REQUIREMENTS IN ORDER TO PARTICIPATE IN THE GRADUATION CEREMONY.

Deadline to submit all forms to Ms. Floyd is April 13th, 2026.

Office Use Only

Student: _____ ID#: _____ College: _____

Fall / Spring / Summer



DUAL ENROLLMENT PERMISSION FORM

Student's Name: _____ Student Number: _____

High School: Gwinnett Online Campus

Seeking Admission to (Name of College/University) _____

DE Program [Select One] Full-time _____ or Part-time _____

Student's Daytime Phone Number: _____

Parent's Name: _____

Parent's Daytime Phone Number: _____

Tuition, mandatory fees and books are the only costs that DE funding covers. All other expenses will be the responsibility of the student and parent/guardian.

My signature on this form indicates parental approval for my student to participate in the DE Program. I understand and agree to the following guidelines regarding the **DE** Program:

- Upon graduation, students may not continue to take courses through DE.
- If my student fails to pass the courses required for high school graduation, he/she will not be permitted to participate in the graduation ceremony.
- The college will not communicate with the parent or high school if a problem arises. The college will only communicate with the student. Therefore it is the student's responsibility to communicate dropped courses and grades to the DE coordinator, Ms. Floyd.
- **DE** credits may not transfer to another college. It is the student's responsibility to check.
- **DE** students must continue to meet GHSA high school eligibility requirements to participate in competitive activities.
- In the event withdrawal from a course is necessary, the student is responsible for communicating the withdrawal to Ms. Floyd. Every effort will be made to place student in the high school equivalent course. In some cases, this will not be possible which might impact the student's graduation date.
- Dual Enrollment students must take any testing mandated by the state of GA and GCPS. The student is responsible for making the testing arrangements with the high school.
- Students must comply with all rules from the post-secondary institution and the high school.
- Communication of post-secondary grades to the high school in a timely fashion is the student's responsibility.
- Dual Enrollment students are responsible for completing all necessary required paperwork.
- Dual Enrollment students must complete the on-line Dual Enrollment Funding Application located on GaFutures.org and the Dual Enrollment Student Participation Agreement for each semester of participation. Failure to do so in a timely manner could result in the student being dropped from his/her college classes.

Parent Signature _____ Date _____

Student Signature _____ Date _____

Counselor Signature _____ Date _____

Office Use Only:

Student: _____ ID#: _____ College: _____

Fall / Spring / Summer



Georgia Milestones

(End Of Course Assessment)

GEORGIA TEST REQUIREMENTS

Student's Name: _____

College Courses Requiring Milestones

Year/Semester Taken

Algebra _____

Biology _____

I understand the following information about MILESTONE requirements:

I must take the MILESTONE for the above course/courses at my high school in order to receive high school credit.

My score on the end of course assessment will count 10% of my high school course grade.

If I do not take the test or do not provide the college grade to my DE Coordinator, Ms. Floyd, I will receive a grade of "NT" and will not receive credit for the course. This will prevent me from graduating.

The MILESTONE assessment tests high school curriculum. College curriculum will vary from high school curriculum and students are held accountable for knowledge of the high school curriculum on the Milestone.

It is my responsibility to communicate with the high school DE coordinator, Ms. Floyd to find out when/where/what time the MILESTONE will be given and to report on time for the test.

Student Signature: _____ Date _____

Counselor Signature: _____ Date _____

Office Use Only:

Student: _____ ID#: _____ College: _____

Fall / Spring / Summer



ADVISEMENT / CONTACT INFORMATION DUAL ENROLLMENT PROGRAM

Student Information

Name: _____ Current Grade: _____

GCPS Student Number: _____ College: _____

Home Address: _____

Cell Phone Number: _____

Home Phone Number: _____

E-Mail Address: _____

Parent/Guardian Information

Parent(s) Name(s): _____

Home Phone Number: _____ Father _____ Mother

Work Phone Number: _____ Father _____ Mother

Cell Phone Number: _____ Father _____ Mother

E-Mail Address: _____ Father _____ Mother

Advisement Acknowledgement

I have participated in or will schedule an advisement session regarding the DE Program at my student's high school. I understand the procedures and my responsibilities if I choose to participate in the program.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

Office Use Only:

Student: _____ ID#: _____ College: _____

Fall / Spring / Summer