Dual Enrollment Student *ADVISEMENT Plan FY* 2021

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 in postsecondary institutions to take college courses and earn both high school and college credit.

The Student Participation Agreement and this Advisement Form & Process will be completed ONLINE through the NEW DE Funding Application found on GAFutures.org. The NEW funding application should be available late February and will be used for Summer 2020 terms and beyond.

This is subject to any major changes made through the 2020 GA legislative session.

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) ***High School Courses to be completed this term – (BOTH DE and HS courses)*** **–**
Final Schedule Will Be determined by high school and college course schedules

High School Course Name On the transcript, use course number from the DE course catalog and the DE college course name	**DE College Course Name**, i.e., TCSG ENGL 1101 or USG MATH 1111 or Berry POLS 1101	**Course # from DE Catalog** Always use HS # unless it causes a duplicate course # error -or there is no HS #.	**Term:**
			ALTERNATE course
			ALTERNATE Course

(4) ***(ONLY) Students pursuing a diploma through the***

"High School Postsecondary Graduation Opportunity"/ "SB2(2015)" / "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/3aQN1KP**

Program of Study Area in which credential will be completed

_____ *(ex: Welding or 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_____

HS DE Advisor Name Printed_____ **Date**_____

HS DE Advisor Signature_____

Phone Number_____

Email_____

*Note: Copies of this completed form **should be provided** to the students, parents/guardians, and respective postsecondary institution(s).*
*Note: This completed form **should not be forwarded** to the Georgia Department of Education or the Georgia Student Finance Commission.*

NOTES:

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