Dual Enrollment Student ADVISEMENT Plan

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.

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

<table>
<thead>
<tr>
<th>High School Course Name</th>
<th>DE College Course Name, i.e., TCSG ENGL 1101 or USG MATH 1111 or Berry POLS 1101</th>
<th>Course # from DE Catalog</th>
<th>Term:</th>
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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 ________________________________________________________

NOTES:

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