



<i><b>For Internal Use Only</b></i>			
Admission Type:	<input type="checkbox"/> DB	<input type="checkbox"/> DE	Term: _____
Status:	<input type="checkbox"/> Accept	<input type="checkbox"/> Cancel	N#: _____

## High School Dual Enrollment Application

### Student Information

Full Name: \_\_\_\_\_ SS Number: \_\_\_\_\_  
Last First (Middle)

Address: \_\_\_\_\_  
Street Address or PO Number Apartment/Unit #

\_\_\_\_\_ Sex:  Female  Male  
City State Zip Code  Prefer Not to disclose

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Race/Ethnicity: *UNF is a recipient of federal dollars and is required by the federal government to solicit certain demographic information to meet federal reporting requirements. Applicants are requested to provide this information voluntarily. This information will not be utilized in a discriminatory manner.*

Hispanic or Latino: YES  NO

Please check all that apply: American Indian or Native American  Native Hawaiian or other Pacific Islander   
 Black or African American  Asian  White  Other

### Admission Information

***Please provide your transcript at time of application***

High School Name: \_\_\_\_\_ FL School ID: \_\_\_\_\_  
This is a:  public school  private school

Unweighted High School GPA: \_\_\_\_\_ Expected Date of Graduation: \_\_\_\_\_

**Test Scores: Please provide official scores for at least one**

<input type="checkbox"/> SAT	Math: _____ <small>Min. 24</small>	Read: _____ <small>Min. 24</small>	Write: _____ <small>Min. 25</small>	Test Date: _____
<input type="checkbox"/> ACT	Math: _____ <small>Min. 19</small>	Read: _____ <small>Min. 19</small>	English: _____ <small>Min. 18</small>	Test Date: _____
<input type="checkbox"/> CPT	Algebra: _____ <small>Min. 72</small>	Read: _____ <small>Min. 83</small>	Sentence: _____ <small>Min. 83</small>	Test Date: _____
<input type="checkbox"/> PERT	Math: _____ <small>Min. 114</small>	Read: _____ <small>Min. 106</small>	Write: _____ <small>Min. 103</small>	Test Date: _____

If you took the SAT prior to March 1, 2016, please provide your score here:

Prior SAT Math: \_\_\_\_\_ Verbal: \_\_\_\_\_ Test Date: \_\_\_\_\_  
Min. 460 Min.460

### Parent/Guardian Information

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Street/PO: \_\_\_\_\_ Phone: \_\_\_\_\_  
City, ST Zip: \_\_\_\_\_

### Enrollment Plan

Please list desired courses to be taken at UNF including backup courses in the event a preferred course is not available. Note that registration in courses is governed by UNF policies and may be subject to cancellation, pre-requisites or limited access programs. Students may register for a maximum of 6 credit hours per term, in the fall and spring semesters only.

High School Class	UNF Equivalent	UNF Credits	Term/Year

### Misconduct and Criminal Offenses

**Failure to answer these questions and attach necessary documentation may result in the denial of your application.**

Are you currently or have you ever been charged with or subject to disciplinary action for misconduct at a post-secondary institution? YES  NO

Have you ever been convicted, had adjudication withheld, and/or have charges pending of any criminal offense other than a minor traffic violation? YES  NO

If your answer to either of these questions is "Yes", you are required to provide an explanation of the event. You may be required to furnish UNF with statements from your school administrator or legal representative and copies of all official documents explaining the final disposition of the proceedings. If your records have been expunged pursuant to the applicable law, you are not required to answer "Yes" to these questions.

## Application Signatures

*To be completed by **authorized school personnel**:*

We, the undersigned, attest that:

\_\_\_\_\_ *Name of student*

is enrolled in:

\_\_\_\_\_ *Name of school*

We recommend this student be allowed to enrollment in the courses listed in this application.

School Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dual Enrollment Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*To be completed by a **parent or guardian of dual enrollment applicant**:*

I \_\_\_\_\_ approve of my child's enrollment in the dual enrollment program at the University of North Florida. I understand that the grade my child receives in the dual enrollment class will become part of the permanent college record. I also consent to UNF and the school district exchanging academic records, including transcripts, dual enrollment admission status, and course grades, as necessary for purposes related to enrollment as a dual enrollment student at UNF. I understand that my student must contact UNF and the dual enrollment coordinator to drop this class. I am aware that dropping this class after UNF's Drop/Add period will result in a "W" on my child's permanent college record.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*To be completed by the **student**:*

I hereby request admission to the University of North Florida as a dual enrollment student. I have checked this form for errors and certify that the information is complete and accurate. I agree to abide by all the rules and regulations of the University. I also consent to UNF, the school district and my parent/guardian exchanging my academic records, including transcripts, dual enrollment admission status, and course grades, as necessary for purposes related to my enrollment as a dual enrollment student at UNF.

I understand that if I elect to apply to the University of North Florida in a degree-seeking capacity, I will be required to submit the appropriate application materials and application fee. I understand that dual enrollment admission to the University does not guarantee future degree-seeking admission.

I understand that the grade I receive in the class listed on the first page of this document will be reflected on my college transcript and will become a part of my permanent college record. I understand that I must contact UNF to drop this class. I am aware that dropping this class after UNF's Drop/Add period will result in a "W" on my permanent college record.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please contact the University's Dual Enrollment Coordinator with any questions.  
904-620-5242 ♦ records@unf.edu