ST. JOHNS RIVER STATE COLLEGE

SJR State Dual Enrollment/Early College Program/Early Admissions Registration/Approval Form

Updated: 7/24

NEW STUDENT ____Y or N___   ONLINE ORIENTATION COMPLETED ____Y or N____   No Orientation, No Registration

NAME:_____   DATE OF BIRTH: _____ / _____ /_____
Last   First   Middle

EMAIL: _____   SJR STATE X NUMBER (REQUIRED): X00 _____

PHONE NUMBER: _____   SCHOOL: _____

I understand that I must have an unweighted 3.0 G.P.A. to participate in the Dual Enrollment Program. In addition, I understand that should I make below a "C" (including a W for withdrawing) in <u>any</u> dual enrollment course, I may be dropped from the program.

STUDENT SIGNATURE: _____   DATE: _____

Students must have an <u>overall</u> 3.0 unweighted G.P.A. to participate in the Dual Enrollment Program. Students must provide recent (within 2 years) results of one of the following: Pre-ACT, ACT, PSAT, SAT, or PERT. Official test scores must be on file to enroll in College Dual Enrollment Courses. Students planning to enroll in English or Math courses must attain a qualifying score.

Overall Unweighted GPA: _____Counselor's Initials: _____HIGH SCHOOL GRAD YEAR _____

This student is approved to take the following course(s) for Dual Enrollment and to satisfy the required high school credit.

Please list the courses you would like to register for and total your credit hours. Under "Alternative Section" you can list a second CRN/Section Number in the event your first choice is closed. The DE Code is for office use only. It is your responsibility to check your concise student schedule to ensure your class schedule is correct.

Terms: **Full Term –** Full semester**, Mini A** – 1st half semester, **Mini B** – 2nd half semester.

Courses	Full Term Mini A or B	**5 Digit CRN Section Number**	Credit Hours	D.E. Code	Course Prefix & Number	SJR State Course Title	Times/Online	M	T	W	R	F
1												
2												
3												
4												
5												
6												
		Total Cr Hrs										

Alternative Section - Please list an alternate CRN/Section number in the event the first section is full when your registration form is processed. Please correspond the alternate sections with the "Courses" column numbers above.

Courses	Full Term Mini A or B	CRN/Section Number	Credit Hours	D.E. Code	Course Prefix & Number	SJR State Course Title	Times/Online	M	T	W	R	F
1												
2												
3												
4												
5												
6												

I hereby certify that this student has demonstrated the <u>maturity</u>, <u>motivation</u>, <u>dependability,</u> and <u>academic ability</u> to perform satisfactorily at the *College Level*.

X _____   X _____
Signature of High School Counselor   Date