



DUAL ENROLLMENT APPLICATION SIGNATURE PAGE Do not complete this form until the online application has been accepted.

CF ID No.: _____

High School: _____

I have read and understand the following policies of the College of Central Florida Dual Enrollment program.

I understand that if I receive a final grade of D, F or FF in any course, I will lose the privilege of continuing in the CF Dual Enrollment program.

I understand that if I withdraw from a course after the add/drop registration period, it will remain on my college record, I may receive no college or high school credit for the course, and it may affect my future financial aid. Grades I receive in college courses will remain on my permanent college transcript.

I understand that if I plan to continue as a student at CF after high school graduation, I will need to fill out a CF Application for Admission and submit my final high school transcript.

Student Signature

Date: MM/DD/YY

Parent or Guardian Signature

Date: MM/DD/YY

Print Student Name

I authorize CF to release information about my academic record to my parents while I am enrolled in the CF Dual Enrollment program.

Student Signature

Date: MM/DD/YY

Parental Consent

I have read the CF Dual Enrollment admissions information, have been advised of the procedures involved in entering the program and completely approve of my dependent's participation. I further understand that Dual Enrollment students must meet and maintain academic requirements for College of Central Florida and county school board policies.

Parent Signature

Date: MM/DD/YY