

SOUTHEASTERN UNIVERSITY

Florida and Ohio Partner Site Dual Enrollment Agreement 2020-2021

1000 Longfellow Blvd. Lakeland, Florida 33801-6034 863.667.5000 fax 863.667.5200

Student Name _____ Student ID# _____
Last First Middle

Student Signature _____

Parent Agreement

I, the parent or guardian of _____, after careful consideration, believe that it is in the best interest of my son/daughter to apply for dual enrollment at Southeastern University. I understand that the 2020-2021 Florida and Ohio partner site tuition rate is \$50 per credit hour for dual enrollment courses.

Parent/Legal Guardian Signature

Print Name

Date

High School and Partner Site Agreement

The above-named student is being sponsored for enrollment at Southeastern University. Please specify the term and list the full course code(s) of the class(es) that the student wishes to take that fulfill his/her high school graduation requirements.

Please verify whether the student is ___ SO ___ JR ___ SR Unweighted GPA _____

For Concurrent Enrollment (courses applying to high school and college) students, signatures of Guidance Counselor (or parent, for homeschool) is required.

For Non-Concurrent Enrollment (courses not applying to high school credits) signatures of student and parent are required.

- High School Sophomores: May be eligible to take up to 6 hours per semester.
- High School Juniors: May be eligible to take up to 12 hours per semester.
- High School Seniors: May be eligible to take up to 12-15 hours per semester.

Please list the course code(s) that you would like to take in the order of your preference. How many courses would you like to take? _____

Term: Fall 2020-2021 _____ Spring 2020-21 _____ Summer 2020-2021 _____

Course Code(s)/Title(s) - (i.e., ENGL-1133-06-FX English Composition I for main campus and ENGL-1133-60-ON English Composition I for online).

Guidance Counselor/Homeschool Parent Approval:

I recommend this student for dual enrollment as specified above. Course(s) to be taken at Southeastern University ___ will or ___ will not be used to meet high school graduation requirements.

Signature _____ Print Name _____

Partner Site Approval: _____ Date _____

Signature _____ Print Name _____

Partner Site Code _____ Date _____

Upon completion, please return this form to the Office of the Registrar at dualenrollment@seu.edu