MHS/SCF High School Dual Enrollment Approval Form

Student Name:		Student ID: G00					
Email:		Phone Number					
Term: Fall Spri		Dual Enrollment Approval (Maximum 11 hours) Accelerated Dual Enrollment Approval (Gr 11 and 12: 12-15 hours)					
Year: G			(Gr 12: 12	ission Approval 2-15 hours)			
		Requested (
Course	Hours	Grad Req?		Course	Hours	Grad Req?	
1			4				
2			5				
3			6				
 Courses required for grad prevent a student from a student from a student from a students in dual enrollme Dual enrollment courses a both the student's high so courses may require the s The student will receive a expectations. This syllabus 	graduating and the must maint are college crechool transcrip tudent to pass syllabus from	ain the 3.5 hig dit bearing count, and on the stand example the instructor	ng in the grand has chool cresurses. The grand tudent's collaboration in order to during the fi	aduation ceremony. dit requirement per ser ades earned in these college transcript. Please a pass the course. rst week of class outlin	mester. ourses will appe also note that so ing college-leve	ear on ome el course	
each course.It is the student's respons	ibility to follov	v Early College	textbook pr	ocedures, as posted in	Schoology.		
 Students who earn less th be eligible to participate i 	an a "C" in a d	ual enrollment	t course or w	vithdraw or are withdra	-	se <u>will not</u>	
The signatures below acknowled to be sent to SCF.	ge your unders	standing and a	ccuracy of th	e content of this form.	This form does	not need	
Student Signature:			Date:				
Parent/Guardian Signature:				Date:			

High School Counselor Signature: ______Date: _____