

Dual Enrollment Form

(Alternative Educational Opportunities)

STUDENT NAME: _____ GRADE: _____

QUALIFYING SCORES FOR DUAL ENROLLMENT:

	PLAN	ACT	SAT	
Content Area	Minimum Passing Scores			YOUR SCORES:
Mathematics	19	22	29	
Reading	17	22	25	
Science	21	23	-	
English	15	18	26	

PSAT 9/10/11 Assessment

PSAT Test	Content Area	Minimum Passing	YOUR SCORES:
Critical Reading	Reading & Writing	460	
Math	Math	510	

Accuplacer Test

Minimum Passing Scores	YOUR SCORES:
Reading	76
Writing	85
Math	63

CLASSES YOU WANT TO TAKE AT COLLEGE:

<u>COLLEGE</u>	<u>CLS NAME & NUM</u>	<u>TYPE OF CREDIT</u>	<u>TYPE OF GRADE</u>
_____	_____	COL HS BOTH	LETTER OR CR/NO CR
_____	_____	COL HS BOTH	LETTER OR CR/NO CR
_____	_____	COL HS BOTH	LETTER OR CR/ NO CR
_____	_____	COL HS BOTH	LETTER OR CR/ NO CR

I agree to provide verification of enrollment and completion of all college courses. YES NO

I understand the benefits and risks and possible consequences of dual enrollment.
(Social; School Life; Sports) YES NO

I understand the consequences of failing or not completing the above college courses. YES NO
I should seek additional academic counseling at the college. Hint: Yes!
(meet with a college advisor to plan out your transferable classes) YES NO

I understand the costs that Grant Public Schools will cover.
(All or a percentage of tuition and class related fees) YES NO

I understand my share of financial responsibility.
(Transportation to campus; Parking costs) YES NO

I understand that if I fail to get credit for the class I am
expected to reimburse Grant Public Schools for the cost of the class. YES NO