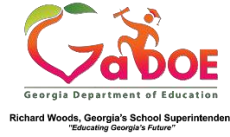


Summer 2024
(Complete Highlighted Sections)



Student's Name _____ **SGHS Student #** _____
Student's High School Name South Gwinnett High School **Academy** _____
Student's School System Name Gwinnett County Public Schools _____
Anticipated Graduation Date _____ **Date of Birth** _____ **Current Grade Level** _____

Dual Enrollment Student Participation Agreement FY 2024 2025

The Dual Enrollment (DE) program provides opportunities for eligible students in grades 10th - 12th to enroll part- or full-time in postsecondary institutions and take college courses to earn both high school and college credit.

Note: Copies of this completed form should be provided to the students, parents/guardians, and respective postsecondary institution(s). This form should not be forwarded to the GA Student Finance Commission.

Note: DE program is Subject to change based on legislative action.

I. Dual Enrollment (DE) Requirements (Reviewed and initialed by Parents/Guardians)

- _____ The student's Individual Graduation Plan has been updated to reflect the plan of study through the DE program. **Students are not allowed to retake a dual enrollment credit course. (NEW)**
- _____ The eligible DE student must contact the high school counselor for approval before **any** course/schedule changes can be made during the semester/quarter. All DE courses and the course grade will become part of the student's high school permanent transcript.
- _____ The student and parent/guardian acknowledges that student is not permitted to withdraw from a college course after the official drop/add period. After withdrawing from a 2nd college course, student will be ineligible to participate in the dual enrollment program in the state of Georgia. **(NEW)**
- _____ DE expectations and responsibilities have been shared by the school counselor and all student and parent/guardian questions/concerns have been discussed.
- _____ The parent/guardian acknowledges that the U.S. Department of Education requires that all post-secondary institutions provide training on sexual assault awareness and prevention under the Violence Against Women Act. This mandatory training information will be provided by post-secondary institutions at no cost and could include DE students.
- _____ A student participating in the High School Postsecondary Graduation Opportunity must complete all state-required coursework and any state-required assessments associated with these courses per the GADOE assessment guidelines/requirement; whether courses are taken at the high school or through DE. High School Postsecondary Graduation Opportunity program requirements will be explained by the high school counselor during the advisement session.

I, _____, hereby grant permission for the college/university to release information **(Student Name – Please Print)** of my enrollment and grades, **including class schedules and transcripts**, to my high school counselor or principal, for the purpose of verifying my high school graduation requirements. This release will remain in effect throughout my enrollment as a DE student.

II. Dual Enrollment Semester/Quarter of Participation: This document is required each semester/quarter

TERM: SUMMER

YEAR: 2024

I have applied or plan to apply as a DE student to the following **College/Postsecondary Institution(s):**

III. High School Courses for Credit Through DE-- Final Schedule Will Be Based On College Availability

Check Below

Part Time DE Student (Combination of DE + High School course(s) to equal full high school schedule)

Full Time DE Student (DE Courses-Minimum of 12+ Hours with at least 4+Postsecondary Courses)

High School Course Name and Course Number	Post Secondary Course Name and Course Number

IV. Students Pursuing High School Postsecondary Graduation Opportunity

Check Below

Associate's Degree

Technical College Diploma

Two (2) Technical College Certificates (TCCs)

Program Study/Major _____

V. Dual Enrollment Participation Signatures

Student Name Printed _____ **Date** _____

Student Signature _____

Student Phone Number _____ **Student Email** _____

Parent/Guardian Name Printed _____ **Date** _____

Parent/Guardian Signature _____

Parent Phone Number _____ **Parent Email** _____

School Counselor Name Printed _____ **Date** _____

School Counselor Signature _____

Phone Number _____ **Email** _____

VI. General Information

1. DE classes attended on the college campus follow the college calendar and DE classes attended on the high school campus during your scheduled school day follow the high school calendar.
2. Students participating in DE college courses should do so with the knowledge that the course work may be more rigorous and challenging than high school courses. Students are held to a higher degree of independent responsibility and accountability than in regular high school classes.
3. Students may be responsible for additional costs, such as course or lab fees/supplies, and/or fees charged for late or damaged textbooks.
4. DE students are limited to a total of 30 semester hours for the duration of your participation.