



HOME SCHOOL DUAL ENROLLMENT

CF ID No.: _____

Legal Name: _____
Last First Middle (complete) Jr., etc.

Registration Fall Spring Summer 20 _____ Grade: _____

The College of Central Florida course schedule is available at www.CF.edu.

							Office Use Only	
A/D*	Course No.	Section No.	Course Name	Day	Time	Credits	Reg.	Not. Reg.

* A: Add/register; D: Drop

The undersigned requests that the above named student be registered for Dual Enrollment courses at College of Central Florida.

Home School Administrator/Parent (print)

Home School Administrator/Parent Signature

Date: MM/DD/YY

Student (print)

Student Signature

Date: MM/DD/YY

For Office Use Only	Date: _____ MM/DD/YY	_____ CF Designee Signature
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