



**DUAL ENROLLMENT APPLICATION
PARENT SIGNATURE PAGE**
Do not complete this form until the online
application has been accepted.

CF ID No.: _____

High School: _____

Please choose one: Traditional Dual Enrollment or Collegiate Academy

I have read and understand the following policies of the College of Central Florida Dual Enrollment program. I understand that I must abide by the CF Student Code of Conduct and that my status as a dual enrollment student will have no impact on how my grades or conduct are evaluated.

I understand that if I receive a final grade of D, F or FF in any course, or if I reach the course withdrawal limit, I will lose the privilege of continuing in the CF Dual Enrollment program.

I understand that if I withdraw from a course after the add/drop registration period, it will remain on my college record, I may receive no college or high school credit for the course, and it may affect my future financial aid.

I understand that grades I receive in college courses will remain on my permanent college transcript.

I understand that if I plan to continue as a student at CF after high school graduation, I will need to fill out a new CF Application for Admission and submit my final high school transcript.

Student Signature

Date: MM/DD/YY

Parent or Guardian Signature

Date: MM/DD/YY

Print Student Name

I authorize CF to release information about my academic record to my parents while I am enrolled in the CF Dual Enrollment program, in accordance with FERPA guidelines.

Student Signature

Date: MM/DD/YY

Parental Consent

I have read the CF Dual Enrollment admissions information, have been advised of the procedures involved in entering the program and completely approve of my dependent's participation. I further understand that Dual Enrollment students must meet and maintain academic requirements for the College of Central Florida and county school board policies.

Parent Signature

Date: MM/DD/YY