



## PRIVATE 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](http://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.

\_\_\_\_\_  
Private School Administrator (print)

\_\_\_\_\_  
Private School Administrator Signature

\_\_\_\_\_  
Date: MM/DD/YY

\_\_\_\_\_  
Student (print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date: MM/DD/YY

**For Office Use Only**      Date: \_\_\_\_\_  
MM/DD/YY      \_\_\_\_\_  
      CF Designee Signature