



**DISTRICT SCHOOL BOARD OF PASCO COUNTY  
HIGH SCHOOL/PASCO-HERNANDO STATE COLLEGE  
DUAL ENROLLMENT REQUEST**

MIS Form #451  
Rev. 12/16

This form is to be used by students meeting Dual Enrollment GPA and test requirements.

DISTRICT STUDENT NUMBER: \_\_\_\_\_ PHSC STUDENT ID NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_  
                     Last                                      First                                      Middle

HIGH SCHOOL: \_\_\_\_\_ INTENDED MAJOR: \_\_\_\_\_

I request dual enrollment in the following college-level courses:

PHSC COURSE #	SECTION #	PHSC COURSE TITLE	CAMPUS (CHECK) HS / PHSC	SUBJECT AREA	TERM (CHECK)	
					FALL	SPRING
1. _____	_____	_____				
2. _____	_____	_____				
3. _____	_____	_____				
4. _____	_____	_____				
5. _____	_____	_____				

Maximum # of courses student may take: \_\_\_\_\_

**ALTERNATE CHOICES - In ORDER of Priority**  
(If above courses are not available)

1. _____	_____	_____				
2. _____	_____	_____				
3. _____	_____	_____				
4. _____	_____	_____				
5. _____	_____	_____				

I certify that this student meets the unweighted GPA requirement and that the courses listed above meet high school graduation requirements.

- No DE application attached - prior DE student     
  PBD student meets program requirements     
  Unofficial Transcript  
 No test score - student needs to take PERT     
  Career Academy Student

Minimum GPA confirmed as \_\_\_\_\_

Minimum test scores confirmed as attached (Test History) \_\_\_\_\_ High School Guidance Counselor Signature      Date

- We hereby authorize the exchange of grade/transcript data between the above listed high school and PHSC for purposes related to the dual enrollment program.
- We request the student be enrolled in the above courses but we understand the student must meet PHSC enrollment criteria.
- We agree transportation to and from the PHSC campus will be entirely the responsibility of the student/family.
- We understand credits will be used to fulfill high school graduation requirements and/or college or technical credit.
- We understand the transfer of these credits is subject to the approval of each college or university.
- We understand the student must see a PHSC advisor to register for classes held on the PHSC campus.
- We understand the student must be enrolled in a total of six (6) classes per semester and must follow the District's and PHSC's policies and timelines for drop/add and withdrawal from courses.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR PHSC USE ONLY:**

I certify that the student meets the criteria and conditions to enroll in the above courses except as noted below.

- Test Scores OK       Meets all pre-reqs  
 Insufficient test scores (see below)       Does not meet pre-reqs (see below)

\_\_\_\_\_ PHSC Advisor Signature      Date