



Student Support Services

### Dual Enrollment Application for the University of Florida

Note: Dual enrollment is a Special University Sponsored Program for high school students. This application must be submitted through the high school guidance office.

**Place an "x" in boxes when choices are given**

1. Social Security Number \_\_\_\_\_ High School \_\_\_\_\_

2. Exact Legal Name \_\_\_\_\_

*Last, First, Middle*

3. Place of Birth \_\_\_\_\_ 4. Nation of Citizenship \_\_\_\_\_

(If not U.S.)  Resident Alien  Alien\*

\*see your high school guidance counselor for further instructions.

5. Birthdate (mm/dd/yy)    /    /   

6. Sex  Male  Female

7. Ethnic Origin  *White (not Hispanic Origin)*  *Black (not Hispanic origin)*  *Hispanic*  
 *Asian or Pacific Islander*  *American Indian or Alaskan Native*  *Multiracial*

8. Mailing Address \_\_\_\_\_  
*Number & Street* *City* *State* *Zip*

9. Phone Number \_\_\_\_\_

10. If you have previously attended the University of Florida, please list terms and years attended \_\_\_\_\_

11. This application is for ("x" the term)  Fall  Spring  A  B  C

12. Have you applied for regular admission to the University of Florida?  Yes  No

13. If yes, what is the status of your application?  Approved  Denied  Other (indicate) \_\_\_\_\_

14. Have you been found by any school or by any court to have disrupted or interfered with the orderly conduct, processes, functions, or programs of any educational institution?  Yes  No.

If yes, give details: \_\_\_\_\_

15. Are you currently charged or have been found guilty (even if adjudication withheld) of violating any federal or state law or municipal ordinance other than minor offenses involving a fine of \$25 or more?  Yes  No

If yes, give date: \_\_\_\_\_ name of court: \_\_\_\_\_ nature of offense: \_\_\_\_\_  
and penalty imposed: \_\_\_\_\_

16. I understand that this registration is for the term indicated in item 11 only and does not in any way imply registration for a future term. I also understand that should I desire to enroll in the future, it will be my responsibility to make the appropriate request. I certify that the information given by me in this form is complete and accurate and I understand that to make false or fraudulent statements within the application or residence affidavit may result in disciplinary action, denial of admission, and invalidation of credits or degrees earned. I have followed all appropriate directions and if permitted to register, I hereby agree to abide by the policies of the Board of Trustees and the rules and regulations of the University of Florida. I also understand that the University of Florida expects its students to be honest in all of their academic work. I agree to adhere to this commitment to academic honesty and understand that my failure to comply with this commitment may result in disciplinary action up to and including expulsion from the University.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

17. I certify that the above-named student meets all qualifications for the Dual Enrollment program at the University of Florida. I believe the student can be successful as a Dual Enrollment student, and recommend him/her for acceptance in the program.

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_