

## Dual Enrollment Student ADVISEMENT Plan FY 2021-2022

Student's Name	Date of Birth		
Student's High School	Student's School System		
9 <sup>th</sup> Grade Entry Date	Anticipated Graduation Date_	Current Grade	Level
To be <u>completed EACH year</u> a student participates in a dual enrollment program  The Dual Enrollment (DE) program provides opportunities for eligible high school students to enroll part or full-time in postsecondary institutions to take college courses and earn both high school and college credit. <u>Dual Enrollment Semester:</u>			
TERM:	School Year:		
(1) Postsecondary Institution I plan to attend as a Dual Enrollment Student:			
(2) High school/DE status: Check Below (Maximum of 15 semester hours per term funding limit)			
Part Time DE Student (Combination of DE + High School course(s))  Full Time DE Student (DE Courses asks Ministrum of 43 st Neuro of Bostocoondon Courses)			
Full Time DE Student (DE Courses only - Minimum of 12+ Hours of Postsecondary Courses)			
(3) <u>High School Courses to be completed this term – (BOTH DE and HS courses)</u> – Final Schedule Will Be determined by high school and college course schedules			
High School Course Name On the transcript, use course number from the DE course catalog and the DE college course name	DE College Course Name, i.e., TCSG ENGL 1101, MATH 1111, AUTT 1010	Course # from DE Catalog Always use HS # unless it causes a duplicate course # error -or there is no HS #.	<u>Term:</u>
			ALTERNATE course
			ALTERNATE Course

(4) (ONLY) Students pursuing a diplor	ma through the		
·	luation Opportunity"/ "SB2(2015)" / "OPTION B"		
Check Below indicating which c	redential will be earned:		
Associate Degree			
Technical College Dip			
	ellege Certificates (TCCs) on Approved SB2 list http://bit.ly/3aQN1KP		
Program of Study Area in which credential will be completed			
	(ex: Welding or World Language, etc.)		
Student Name Printed	Date		
Student Phone Number			
Student Email	<del></del>		
Parent/Guardian Name Printed	Date		
Parent/Guardian signature			
Parent Phone Number			
Parent Email			
HS Counselor Name Printed	Date		
HS Counselor Signature			
Phone Number			
Email			
	<b>provided</b> to the students, parents/guardians, and respective postsecondary		
<pre>institution(s). Note: This completed form should be uploaded</pre>	d to CTC's website using this link:		
	alEnrollment/dualenrollmentupload-form.php		
NOTES:			

Georgia Department of Education

January 24, 2020