



Name of Student _____	Student Number _____
High School _____	Current Grade Level _____
Date of Birth _____	Anticipated Graduation Date _____

**Dual Enrollment Student Participation Agreement**

**Date:** \_\_\_\_\_

The Dual Enrollment program provides opportunities for eligible students in grades 9-12 to enroll part or full time in postsecondary institutions and take college courses to earn both high school and college credit.

**I. Dual Enrollment Requirements (Reviewed and initialed by Parents / Guardians)** \_\_\_\_\_ The student's

Individual Graduation Plan has been updated to reflect the plan of student through the Dual Enrollment Program.

\_\_\_\_\_ The eligible Dual Enrollment student must contact the high school counselor for approval before **any** course/schedule changes or withdrawals can be made during the semester/quarter. All Dual Enrollment courses and the course grade will become part of the student's high school permanent transcript.

\_\_\_\_\_ The student and parent(s) or guardian(s) acknowledges that should a participating Dual Enrollment student choose to withdraw from a college course during the first 10 days of course the high school will make its best attempt to place that student in a corresponding high school course or credit recovery opportunity to meet course completion and graduation requirements. *After the first 10 days the Administrative Rule, IHA-R Grading Systems, section D5a, will apply; Students withdrawing from a course after the first ten days will receive the grade of 10 in the course, and the course and grade shall be recorded on the cumulative record.*

\_\_\_\_\_ Dual Enrollment expectations and responsibilities have been shared by the school counselor and all student / parent / guardian questions/ concerns have been discussed.

\_\_\_\_\_ The parent/guardian acknowledges that the U.S. Department of Education requires that all post- secondary institutions provide training on sexual assault awareness and prevention under the Violence Against Women Act. This mandatory training information will be provided by post-secondary institutions at no cost and could include Dual Enrollment students.

\_\_\_\_\_ *\*A student participating in the Senate Bill 2 Option must complete all state-required coursework and any state-required assessments associated with these courses per the GADOE assessment guidelines/requirement; whether courses are taken at the high school or through Dual Enrollment.*

I, \_\_\_\_\_, hereby grant permission for the college/university to release information  
(Student Name – Please Print)

of my enrollment and grades, including class schedules and transcripts, to my high school counselor or principal, for the purpose of verifying my high school graduation requirements. This release will remain in effect throughout my enrollment as a Dual Enrollment student. \*\*Senate Bill 2 early graduation course and program requirements will be explained by the high school counselor during the advisement session.

II. **Move On When Ready Semester / Quarter of Participation:** This document is required each semester/ quarter of MOWR participation.

Term: \_\_\_\_\_

Year: \_\_\_\_\_

I have applied or plan to apply as a MOWR student to the following College / Postsecondary Institutions(s):

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III. **High School Courses for Credit through MOWR – Final Schedule will be based on college availability.**

*Check Below*

\_\_\_\_\_ Part Time MOWR Students (Combination of MOWR + High School course(s) to equal full high school schedule)

\_\_\_\_\_ Full Time MOWR Students (MOWR courses – minimum of 12+ hours with at least 4+ postsecondary courses)

High School Course Number and Name	Corresponding College Course on MOWR Course Directory

IV. **Students Pursuing Senate Bill 2 Option**

*Check One Below*

\_\_\_\_\_ Associate's Degree

\_\_\_\_\_ Technical College Diploma

\_\_\_\_\_ Two Technical College Certificates (TCCs)

Program Study/ Major: \_\_\_\_\_

Anticipated Completion Date: \_\_\_\_\_

**V. Move On When Ready Participation Signatures**

Student Name Printed \_\_\_\_\_ Date \_\_\_\_\_

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

Student Phone Number \_\_\_\_\_ Student Email \_\_\_\_\_

Parent/Guardian Name Printed \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Parent Phone Number \_\_\_\_\_ Parent Email \_\_\_\_\_

School Counselor Name Printed \_\_\_\_\_ Date \_\_\_\_\_

School Counselor Signature \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

## **VI. General Information**

1. MOWR classes attended on the college campus follow the college calendar and MOWR classes attended on the high school campus during their scheduled school day follow the high school calendar.
2. Students participating in MOWR college courses should do so with the knowledge that the course work may be more rigorous and challenging than high school courses. Students are held to a higher degree of independent responsibility and accountability than in regular high school classes.

## **VII. Notes**