
Application for Dual Enrollment Status - Florida Public School Students

Personal Information (to be completed by student)

Name: _____ USF ID: _____

Address: _____

Phone Number: _____

Name of Emergency Contact: _____

Phone Number of Emergency Contact: _____

High School: _____

Status in High School: Junior ____ Senior ____

I intend to enroll as a Special Student at the University of South Florida. I understand that the credits earned as a Special Student will apply to my university degree when I am accepted at USF as a regularly admitted, degree-seeking student. If I am admitted to another college or university, a copy of my transcript of credits earned as a Special Student will be sent to that institution at my request.

Signature: _____ Date: _____

Recommendation (to be completed by high school principal or guidance counselor)

The above-named student has conferred with me in regard to enrollment as a Special Student on dual enrollment at the University of South Florida. I believe he/she has the necessary academic and social maturity to enroll for university level work. I certify that this student is a junior or senior with at least an overall 3.0 average on a 4.0 scale and the courses taken at USF will be utilized for high school graduation.

Principal's/Counselor's Name: _____

Signature: _____ Date: _____

Course(s) approved: _____