



FLORIDA GULF COAST UNIVERSITY
EARLY ADMISSION / DUAL ENROLLMENT AUTHORIZATION FORM

Instructions to Students:

- Please: (1) Complete Section A. (2) Ask your high school counselor to complete Section B. (3) Ask your parent or legal guardian to complete Section C. (4) Return form to the FGCU Undergraduate Admissions Office, 10501 FGCU Blvd. South, Ft. Myers, FL 33965-6565 or call (239) 590-7878 if you have questions.

SECTION A: For completion by student (please print).

Last Name First Middle Birth Date

I am seeking: [] EARLY ADMISSION [] DUAL ENROLLMENT [] COLLEGIATE HIGH SCHOOL

For the following term: [] Fall, 20__ [] Spring, 20__ [] Summer, 20__

Students should share a copy of their final schedule prior to the beginning of classes with their guidance counselor

SECTION B: For completion by high school principal or designee (indicate if Home School)

High School: Address:

I hereby give my recommendation and approval for the above named student to be granted admission as an EARLY ADMISSION or DUAL ENROLLMENT Student.

The high school will cover the cost of instructional materials for this student ___ YES or ___ NO.

In order to earn his/her high school diploma, this student will have to fulfill the following college course or credit hour requirements (Indicate how the selected courses will satisfy HS graduation, either as a core requirement or an elective credit)

Table with 3 columns: FGCU COURSE, HS Equivalency, and Required/ Elective status.

COMMENTS:

An FGCU Advisor will be in contact with guidance counselors regarding any changes in recommended courses, however, please check with your student regarding their final schedule.

Name of Principal or Designee (please print): Signature:

Phone: Fax: Email:

Students Expected HS Graduation Date:

(see page 2 for completion of sections C & D)

SECTION C: For completion by parent or guardian and student

I hereby grant permission for my son/daughter to attend Florida Gulf Coast University prior to high school graduation as an EARLY ADMISSION or DUAL ENROLLMENT student (as specified above). I further understand it is his/her responsibility to fulfill the above stated college course or hour requirements in order to earn his/her high school graduation diploma and that he/she will be responsible for any tuition and fees not covered by the High School or School District.

Name of Parent/Guardian (please print)

Signature

Date

Phone Number

My acceptance as a student is subject to the regulations and policies of FGCU as described in the University Catalog and other publications. I further understand that the grade(s) received for all classes will remain on my permanent college record.

Signature of Student

Date

Phone Number

SECTION D: For completion by First Year Advising/Collegiate High School

Number of Credits enrolled: _____

Semester: _____

Note: Maximum credits for Early admission student is 16 credit hours. Dual enrolled students must be at less than 12 credit hours.

For any changes to the schedule after the first week of classes (Drop/Add Week), the student must consult with both the High School Counselor and the FGCU Advisor.

FGCU Advisor