



# Dual Enrollment Student **ADVISEMENT** Plan

Jefferson High School

Circle Term: Fall Spring Summer: Year: \_\_\_\_\_



Counselor/Advisor Name: \_\_\_\_\_ Date: \_\_\_\_\_

**(1) Student Information:**

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current Grade Level \_\_\_\_\_

Check One:  Student is currently dual enrolled with this college partner.  
 Student is a new applicant with this college partner.

**(2) Admission Criteria:**

A. **College Partner** I plan to attend as a Dual Enrollment Student:

\_\_\_\_\_

- Student meets academic GPA or HOPE calculation report criteria for college admissions
- Student must request test scores from institution for admissions if applicable

**B. High school/DE status:**

**Check Below** (Maximum of 15 semester or 12 quarter hours per term funding limit or 6 hours per summer)

- Part Time DE Student (Combination of DE + High School course(s))
- Full Time DE Student (DE Courses only - Minimum of 12+ Hours of Postsecondary Courses)

**(3) Final Schedule will be determined by high school and college schedules.**

HS Course Name Ex: Psychology	HS Course # Ex: 45.01500	College Course Name Ex: Intro to Psychology	College Course # Ex: PSYC 1102	Block to Schedule Ex. 1	Online @Campus @ JHS (Circle one)	Section # or CRN # for @ Campus only	Days/Time	Online Session: Semester, A or B

List how to schedule the dual enrollment course(s) including any JHS courses to drop: \_\_\_\_\_

\_\_\_\_\_

Please list any specific concerns the Advisor may have re: recommending the requested course:

*Student Name (Print)* \_\_\_\_\_ *Date* \_\_\_\_\_

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

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

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

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

*Parent/Guardian Phone Number* \_\_\_\_\_ *Parent/Guardian Email* \_\_\_\_\_

*JHS Counselor/DE Coordinator Name Printed* \_\_\_\_\_ *Date* \_\_\_\_\_

*JHS Counselor/DE Coordinator Signature* \_\_\_\_\_

**NOTES:**

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