

PASCO-HERNANDO COMMUNITY COLLEGE

HOME SCHOOL DUAL ENROLLMENT ARTICULATION AGREEMENT INFORMATION FORM

Please complete all of the information requested below and return this completed form to the Vice President of Instruction/Provost, West Campus, PHCC, 10230 Ridge Road, New Port Richey, FL 34654-5199.

Name of Home School _____

Address _____

Telephone _____ FAX _____ e-mail Address _____

Parent of Home School _____

Authorized names that will appear on Student Dual Enrollment Approval Form:

Name Title

Name Title

Total number of students enrolled in your home school _____

I hereby certify that the above-named school complies with the survey requirements contained in FS 1002, FS 1004, and FS 1007. I further certify that I have authority to represent the school and to sign this affidavit on behalf of the school. I am providing documentation that students are in grade level 9 (second semester with a completion of 3 high school credits) - 12 and have an overall unweighted 3.0 GPA with this form.

Signature of Parent

Printed Name

Date

This form must be completed and submitted to the Vice President of Instruction/Provost, West Campus, PHCC, 10230 Ridge Road, New Port Richey, FL 34654-5199 by May 30 of each year. IT IS THE RESPONSIBILITY OF THE HOME SCHOOL TO REQUEST THIS FORM AND SUBMIT THE RENEWAL REQUEST. A dual enrollment articulation agreement must be signed by June 30 of each year for students who will enroll in the fall term. This form does not constitute an agreement.

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Official Use:

Documentation of Grade Level: ___9 ___10 ___11 ___12

Source of Documentation Provided _____

Request Approved ___ Yes ___ No

For Academic Years _____ to _____

Vice President of Instruction/Provost, West Campus

Date

COPY: Provost, West Campus