



Georgia Dual Enrollment Participation Form

Student Information

Name: _____ Date of Birth: _____
High School: _____ Phone Number: _____
Email: _____

Please Circle One:

T-Shirt Size: S M L XL 2XL Student Status: New Student Returning Student

School Type: Home school Private School Public School Online

Fall Course Enrollment Information

Year: 20____

Course: _____	Location: _____	Days: _____	Time: _____
Course: _____	Location: _____	Days: _____	Time: _____
Course: _____	Location: _____	Days: _____	Time: _____
Course: _____	Location: _____	Days: _____	Time: _____

Spring Course Enrollment Information

Year: 20____

Course: _____	Location: _____	Days: _____	Time: _____
Course: _____	Location: _____	Days: _____	Time: _____
Course: _____	Location: _____	Days: _____	Time: _____
Course: _____	Location: _____	Days: _____	Time: _____

Summer Course Enrollment Information

Year: 20____

Course: _____	Location: _____	Days: _____	Time: _____
Course: _____	Location: _____	Days: _____	Time: _____
Course: _____	Location: _____	Days: _____	Time: _____
Course: _____	Location: _____	Days: _____	Time: _____

Parent/Guardian Agreement

I give my son or daughter permission to participate in the Dual Enrollment program at Point University. I believe that it is in the best interest of my son or daughter to participate in the program; therefore, I agree to cooperate fully with my son or daughter, the University, and the high school. I understand that the University is not responsible for any injury my son or daughter incurs from attending or participating in any University-sponsored programs or activities.

Signature of Parent or Legal Guardian

Date

Student Agreement

I give permission to Point University to send my high school an official Point transcript at the end of each semester. Additionally, I give permission to my high school to send an official transcript to Point at the end of each semester.

Signature of Student

Date

High School Agreement

Grade Level: _____ Cum GPA: _____ Projected Graduation Date: _____

I recommend this student to participate in the Dual Enrollment program at Point University. I understand the conditions of admission to the Dual Enrollment program as listed in the University catalog, and I certify that the student is qualified for participation. I also agree to provide Point University with an official high school transcript after each semester and following graduation.

Signature of High School Principal or Guidance Counselor

Date

Send this form to the Admission Office at Point University.

C/O Admission Office

507 West 10th Street

West Point, GA 31833

dualenrollment@point.edu

(706) 385-1000 (Phone)

(706) 645-9473 (Fax)

***Please Note:** It is important that any student participating in the Dual Enrollment program work with his or her high school counselor when deciding which classes to take, as DE funds can only be used toward approved classes. A course directory is available at gafutures.org for listings of Dual Enrollment approved courses. Students may incur a cost for the course if they choose a course that is not listed as approved on the directory. Additionally, failure to complete appropriate state funding paperwork for the DE program by communicated deadline will result in requirement of payment for course(s), textbooks and applicable fees.*