



Interim Dual Enrollment Policy
Counselor/Teacher Dual Enrollment Eligibility Recommendation Form

Student Information:

Student Name:	
High School and/or DE Partner:	Current Grade Level:
Please select all that apply:	
<input type="checkbox"/> General Education / Matrix Courses Although the Counselor/Teacher Recommendation Form is being utilized in lieu of approved standardized test scores, dual/concurrent enrollment students must meet the course of interest's prerequisite/corequisite requirements and have a minimum 2.5 GPA.	
<input type="checkbox"/> Technical/Work Skills / Non-Matrix Courses Although the Counselor/Teacher Recommendation Form is being utilized in lieu of the approved 2.0 GPA requirement for, dual enrollment students must meet the course of interest's prerequisite/corequisite requirements.	
Application Semester: <input type="checkbox"/> Fall 20 ____ <input type="checkbox"/> Spring 20 ____ <input type="checkbox"/> Summer 20 ____	Course(s) of interest: _____ _____ _____

Recommender Information:

Recommender's Name	Title:
Phone Number:	Email Address:
Signature:	Date:
Recommendation Type: <input type="checkbox"/> Course/Subject Teacher <input type="checkbox"/> High School Counselor <input type="checkbox"/> High School Principal	

Student Recommendation:

	Surpassing	Approaching Satisfactory	Deficient	Not Applicable
Student's Academic English and Math History				
Ability to Collaborate / Critical Thinking Skills				
Verbal and Nonverbal Communication Skills				
Integrity				
Overall, do you feel this student would be successful in a college level course and/or a technical skills course?				

Recommender's Additional Comments: _____