



## **HIGH SCHOOL DUAL ENROLLMENT**

Through an articulation agreement with the County School System and the State of Florida, FIU offers accelerated, college-level courses that do not duplicate existing high school academic work. The dual enrollment program provides an opportunity for students to earn high school and college credit simultaneously (*grades will become part of permanent high school AND college transcripts*). In order to be eligible for participation in the dual enrollment program, a high school student must have (1) completed his/her freshman year, (2) achieved a 3.0 unweighted grade point average or higher, (3) satisfied any course prerequisites, and (4) received approval of the high school principal or designee. **STUDENTS WHO EARN A C OR LOWER IN ANY ONE DUAL ENROLLMENT COURSE, WILL NOT BE ALLOWED TO CONTINUE PARTICIPATING IN THE DUAL ENROLLMENT PROGRAM.** (The University waives the tuition. This means participating students shall be exempt from the payment of registration and laboratory fees).

Refer to the FIU Interactive Class Schedule located at <https://my.fiu.edu> for specific days and times for registration information. Keep in mind that certain courses require pre or co-requisites and/or placement testing. Also, most courses that begin with a 1 or a 2 except English and Math are acceptable. English and Math require a PSAT of 50 or an SAT of 500 on the appropriate section. If you have neither, you will need to take the College Placement Test (CPT).

**Registration is on a space-available basis.**

The following are required for registration:

1. **High School Dual Enrollment Authorization Form**  
Available from the high school guidance office or at <http://www.fiu.edu/~understu/de/index.html>. The form must be completed with course(s) and appropriate signatures from the high school **every semester you wish to take courses**. Since registration for the course(s) is on a space-available basis, it is advisable to select alternate courses. A copy of this form will be retained in Undergraduate Studies. Public school students will receive a book voucher from the high school to use at the bookstore to receive textbooks.  
*Textbooks are property of the public high school and must be returned to the high school treasurer at the end of the term.*
2. **FIU Office of the Registrar Dual Enrollment Student Application Form**  
This form is available at <http://www.fiu.edu/~understu/de/index.html>.
3. **Proof of Measles Immunization Form**  
This form is available at <http://www.fiu.edu/~understu/de/index.html>. Required of all students attending FIU classes for the first time—high school guidance offices should be able to provide a copy of the student's official immunization record (proof of two vaccinations of measles received at least 30 days apart and one vaccination of rubella). If immunization records cannot be provided from the guidance office, you could obtain a copy from the physician.
4. **\$10.00 cash or check (payable to FIU) – Photo ID Fee**  
First-time registered students are required to have a photo ID. The fee is assessed at registration to all FIU students once every academic year (Fall-Summer). After the Office of Undergraduate Studies waives tuition, the student should take \$10.00 to the Student Financials Office and then the tuition-waived receipt and his/her driver's license to the Photo ID Office in GC 104 or WUC 143.

Dual enrollment does NOT include the cost of parking fines, library fines, and student IDs. Students are responsible for these costs.

[Note: **UNDERGRADUATE STUDIES OFFICE - PC 245 (UP) or ACI-180 (BBC)** SHOULD BE THE FIRST STOP ON CAMPUS FOR HIGH SCHOOL DUAL ENROLLMENT STUDENTS. Registration must be handled through the Undergraduate Studies Office – **do not attempt to register for classes without going through this office. Failure to do so may result in the student being responsible for the cost of the course(s) and textbook(s).**

### **CONTACT INFORMATION**

**Dr. William Beesting**  
University Park Campus  
11200 SW 8th Street, PC 245  
Miami, FL 33199  
(305) 348-2800

**Dr. Valerie Morgan**  
Biscayne Bay Campus  
3000 NE 151st Street, ACI 180  
North Miami, FL 33181  
(305) 919-5754

## FLORIDA INTERNATIONAL UNIVERSITY DUAL ENROLLMENT PROGRAM

**DIRECTIONS:** MUST BE TYPED OR PRINTED LEGIBLY. THIS COMPLETED FORM MUST BE SUBMITTED TO THE UNDERGRADUATE STUDIES OFFICE (PC 245) AT LEAST TWO WEEKS PRIOR TO REGISTRATION.

**Part I – Applicant – Personal Information**

Term: \_\_\_\_\_

Name: \_\_\_\_\_  
Last
First
Middle Initial

Address: \_\_\_\_\_  
Street
City
State
Zip Code

Panther ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Campus: (Check One) University Park \_\_\_\_\_ Biscayne Bay \_\_\_\_\_ Unweighted GPA: \_\_\_\_\_

High School Standing as of \_\_/\_\_/\_\_:  Sophomore  Junior  Senior—Please Circle Credit Option: 18 24

**Part II – High School Approval**

	FIU Course Prefix	Number	Title
	_____	_____	_____
	_____	_____	_____
Alternate	_____	_____	_____
Alternate	_____	_____	_____

- I understand if I should earn a C or lower in any one dual enrollment course, I will no longer be allowed to participate in the Dual Enrollment Program.
- I understand I will be held liable for fees of any courses not listed above and that this form must be turned in every semester I wish to take dual enrollment courses.
- I understand that I am not allowed to register for online classes.

\_\_\_\_\_  
Applicant Signature
Date

**The course(s) listed above will be accepted for high school graduation.**

\_\_\_\_\_  
Guidance Counselor's Signature
Date

\_\_\_\_\_  
Principal's Signature
Date

\_\_\_\_\_  
High School Name
Public: \_\_\_\_\_ Private: \_\_\_\_\_

\_\_\_\_\_  
High School Address
Telephone

**High School  
Office Stamp Required:**

**Part III – FIU Enrollment Approval**  
Office of Undergraduate Studies

\_\_\_\_\_  
William K. Beesting
Assistant Dean, Undergraduate Education
Date  
Name
Title

\_\_\_\_\_  
Signature
Semester



## Office of the Registrar Dual Enrollment Student Application Form

**Please note:** This is not an application for admission to a degree program at the University. Students desiring admission to a degree program must fill out an Admission Application with the Office of Admissions.

**DIRECTIONS: MUST BE TYPED OR PRINTED LEGIBLY. THIS COMPLETED FORM MUST BE SUBMITTED TO THE REGISTRAR'S OFFICE – PC 130.**

**Term and year of registration:**

Fall (August) \_\_\_ Spring (January) \_\_\_ Summer A/C \_\_\_ Summer B \_\_\_ *(This form is valid only for term indicated)*

**Social Security Number (SSN):** \_\_\_\_\_

**Name: (Last, First, Middle Initial):** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_

*(Number, Street, City, County, State, Country, Zip Code)*

**Local Address:** \_\_\_\_\_

*(Number, Street, City, County, State, Country, Zip Code)*

**Telephone Number: (Area Code first)** \_\_\_\_\_

**High School Name and Address:** \_\_\_\_\_

**Sex:** Male \_\_\_ Female \_\_\_

**Place of Birth:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_

**Nation of Citizenship:** \_\_\_\_\_

*For Non-U.S. Citizen Only:* **Resident Alien** \_\_\_ **Alien** \_\_\_

**Race: (Required by US Department of HEW under Title VI of the Civil Rights Act)**

- \_\_\_ Asian or Pacific Islander
- \_\_\_ Black (Not of Hispanic origin)
- \_\_\_ Hispanic
- \_\_\_ American Indian or Alaskan Native
- \_\_\_ White (Not of Hispanic origin)

If you have previously attended FIU, please list term(s) and year(s) of attendance: \_\_\_\_\_

Have you applied for regular admission to FIU?  Yes  No

If yes, what is the status of your application?  Approved  Denied  Other *(Indicate)* \_\_\_\_\_

***Failure to answer this question will result in a delay in processing your application***

*If your answer to any of the following is yes, you must submit a full statement of relevant facts. You may be required to furnish the university with copies of all official documentation explaining the final disposition of the proceedings.*

- a.  Yes  No Are you currently or have you ever been charged with or subject to disciplinary action for scholastic or any other type of misconduct at any educational institution?
- b.  Yes  No Have you ever been charged with a violation of the law which resulted in, or if still pending, could result in, probation, community service, a jail sentence or the revocation of your driver's license (including traffic violations which resulted in a fine of \$200 or more)?

*If your records have been expunged pursuant to applicable law, you are not required to answer yes to these questions. If you are unsure whether you should answer yes to a or b, we strongly suggest that you answer yes and fully disclose all incidents. By doing so, you can avoid any risk of disciplinary action or revocation of your registration.*

I understand that a false statement in this affidavit will subject me to penalties for making a false statement pursuant to 837.06, Florida Statutes and to Rule 6C-6.001(6), F.A.C.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Your signature indicates your awareness that your child's grade in this class will become part of his/her permanent record.***



## **Immunization Policy:**

As a prerequisite to registration, Florida International University requires all students to comply with the following immunization policy regulations from the Florida Board of Governors regarding measles, mumps, rubella, meningitis and hepatitis B immunity:

### **1. Measles, Mumps, Rubella:**

- All students born after December 31, 1956 must present documented proof of immunity to measles (Rubeola) and German measles (Rubella), as described below:

#### **Acceptable Proof of Immunity consists of:**

1. Proof of two (2) vaccinations (doses) of MMR (Measles/Mumps/Rubella) received at least 28 days apart or two doses of measles and one Rubella
  - Vaccinations must have been received after your first birthday
  - Vaccinations must have been received in 1969 or later
2. Proof of immunity by way of a blood test lab result (Measles and Rubella Titer)
3. A written statement from a healthcare provider documenting a diagnosis of measles (Rubeola). Must include date of diagnosis, be signed by the healthcare provider and be on his/her official stationery. This is acceptable for measles only and does not apply to Rubella

#### **Exemptions:**

You will be exempt from the pre-registration immunization requirement for measles, mumps, and rubella, only if you meet any one of the following three criteria:

1. You were born before January 1, 1957.
2. Medical Exemption: To claim a medical exemption, you must produce a letter from a healthcare provider, signed on his/her stationery, stating the medical reason(s) why you are not able to receive the measles and/or Rubella vaccine(s) and for how long – a permanent or temporary medical condition warranting exemption.
3. Religious Exemption: For details on how to claim religious exemption, please visit our website at [www.fiu.edu/~health](http://www.fiu.edu/~health)

To prevent delays in your ability to register for your classes, all of the above documents requesting medical or religious exemptions must be received by the University Health Services at least four weeks prior to registration.

#### **Temporary Deferrals:**

Temporary deferrals are acceptable for the following conditions:

1. Documented pregnancy or fertility treatment
2. Documentation of breastfeeding
3. Documented illness

Deferral status requests must be submitted to the University Health Services at least four weeks prior to registration and the request must be signed by a healthcare provider and be on his/her official stationery.

### **2. Meningitis and Hepatitis B**

- All students must present documented proof of vaccination/immunity to meningococcal meningitis and hepatitis B as described below:

#### **Acceptable Proof of Immunity consists of:**

- a. Proof of one dose of meningitis vaccine and a total of three doses of hepatitis B vaccines
- b. Proof of immunity by way of a blood test lab result (applicable to hepatitis B only)
- c. A written statement from a healthcare provider documenting a diagnosis of hepatitis B. Must include date of diagnosis, be signed by the healthcare provider and be on his/her official stationery. This is acceptable for hepatitis B only and does not apply to meningococcal meningitis

#### **Exemptions:**

Students declining to receive vaccination for meningitis and/or hepatitis B must present a signed waiver of liability acknowledging that they have received and read information pertaining to the disease and despite knowledge of the risks have decided to waive receiving the vaccine (if a minor, the waiver of liability must be signed by the parent or guardian). The waiver of liability can be obtained by contacting the University Health Services department or by visiting our website at [www.fiu.edu/~health](http://www.fiu.edu/~health)

**For acceptable forms of documentation, what to do if you can't find your immunization documents, where to get immunized and other frequently asked questions please visit our website at [www.fiu.edu/~health](http://www.fiu.edu/~health)**

# Florida International University Immunization Documentation Form

Name: \_\_\_\_\_  
Last
First
Middle

Panther ID Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**SECTIONS: A, B, & C TO BE COMPLETED BY AUTHORIZED MEDICAL PERSONNEL ONLY**

**A. MMR Combined (Measles, Mumps, and Rubella): Two doses fulfill requirements**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ 1st dose (received after 12 months of age or later).  
Month Day Year  
 \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 2<sup>nd</sup> dose (received at 28 days or more after 1<sup>st</sup> dose). **or**  
Month Day Year

**Measles (Rubeola): Two doses required**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ 1<sup>st</sup> dose (received after 12 months of age in 1969 or later).  
Month Day Year  
 \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 2<sup>nd</sup> dose (received at 28 days or more after the 1<sup>st</sup> dose). **or**  
Month Day Year  
 \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Positive Blood Titer (Lab results **must** be attached).  
Month Day Year

-----**AND**-----

**Rubella (German Measles): One dose required**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ 1st dose (received after 12 months of age and in 1969 or later). **or**  
Month Day Year  
 \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Positive Blood Titer (Lab results **must** be attached).  
Month Day Year

**B. Hepatitis B: Three doses fulfill requirements**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ 1st dose  
Month Day Year  
 \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 2<sup>nd</sup> dose (must be at least 28 days after the 1<sup>st</sup> dose).  
Month Day Year  
 \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 3<sup>rd</sup> dose (must be at least 112 days after the 1<sup>st</sup> dose  
Month Day Year **and** 56 days after the 2<sup>nd</sup> dose). **or**  
 \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Positive Blood Titer (Lab results **must** be attached).  
Month Day Year

**C. Meningitis: One dose required**      \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

Health Care Provider Signature/Credentials

Date

**Health Care Provider  
Office Stamp Required:**

**Please submit this completed form at least four weeks prior to registration to:**

Florida International University, University Health Services

University Park Campus  
 UHSC-Room 101  
 11200 S.W. 8 Street  
 Miami, FL 33199  
 305-348-3336(FAX)  
 305-348-2401

**or**

Biscayne Bay Campus  
 Health Care Center  
 3000 N.E. 151 Street  
 North Miami, FL 33181  
 305-919-5312(FAX)  
 305-919-5675