



## Dual Enrollment Student **ADVISEMENT** Plan

Student's Name \_\_\_\_\_

Chatt Tech Studnet ID Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student's High School \_\_\_\_\_ Student's School System \_\_\_\_\_

9<sup>th</sup> Grade Entry Date \_\_\_\_\_ Anticipated Graduation Date \_\_\_\_\_ Current Grade Level \_\_\_\_\_

The Dual Enrollment (DE) program provides opportunities for eligible high school students to enroll part or full-time in postsecondary institutions to take college courses and earn both high school and college credit.

**Dual Enrollment Semester:**

**TERM:** \_\_\_\_\_

**School Year:** \_\_\_\_\_

(1) **Postsecondary Institution** I plan to attend as a Dual Enrollment Student:

Chattahoochee Technical College

(2) **High school/DE status:**

**Check Below**

*(Maximum of 15 semester hours per term funding limit)*

**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) **High School Courses to be completed this term – (BOTH DE and HS courses) –**

*Final Schedule Will Be determined by high school and college course schedules*

<b><u>High School Course Name</u></b> On the transcript, use course number from the DE course catalog and the DE college course name	<b><u>DE College Course Name</u></b> , i.e., ENGL 1101 or MATH 1111 or POLS 1101	<b><u>Course # from DE Catalog</u></b> Always use HS # unless it causes a duplicate course # error -or there is no HS #.	<b><u>Term:</u></b>
			ALTERNATE course
			ALTERNATE Course

**Student Name Printed** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Student Signature** \_\_\_\_\_  
**Student Phone Number** \_\_\_\_\_  
**Student Email** \_\_\_\_\_

**Parent/Guardian Name Printed** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Parent/Guardian signature** \_\_\_\_\_  
**Parent Phone Number** \_\_\_\_\_  
**Parent Email** \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY THE HIGH SCHOOL COUNSELOR ONLY.**

**HS Counselor Name Printed** \_\_\_\_\_ **Date** \_\_\_\_\_ **HS** \_\_\_\_\_  
**Counselor Signature** \_\_\_\_\_  
**Phone Number** \_\_\_\_\_  
**Email** \_\_\_\_\_

**(ONLY) Students pursuing a diploma through the  
Students pursuing a diploma through the  
“Accelerated Career” or “High School Postsecondary Graduation Opportunity”**  
**Check Below indicating which credential will be earned:**  
\_\_\_\_ Associate Degree  
\_\_\_\_ Technical College Diploma  
\_\_\_\_ Two (2) Technical College Certificates (TCCs) on **Approved Accelerated Career list** <https://www.tcsg.edu/acdresources/>  
**Program of Study Area in which credential will be completed**  
\_\_\_\_\_

Note: Copies of this completed form **should be provided** to the students, parents/guardians, and respective postsecondary institution(s).  
Note: This completed form **should be uploaded to CTC's website using this link:**  
<https://ctcforms.chattahoocheetech.edu/DualEnrollment/dualenrollmentupload-form.php>

**NOTES:**  
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