



## DUAL ENROLLMENT CLEARANCE FORM

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Excelsior ID# \_\_\_\_\_

Facilitator Name: \_\_\_\_\_ Campus: \_\_\_\_\_

Name of desired college: \_\_\_\_\_ Year: \_\_\_\_\_

Desired courses: \_\_\_\_\_,  
\_\_\_\_\_

Dual Enrollment Semester Term: select the term below

FALL \_\_\_\_\_

SPRING \_\_\_\_\_

WINTER \_\_\_\_\_

SUMMER \_\_\_\_\_

\_\_\_\_\_  
**Student Name (Printed)**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent Name (Printed)**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Principal or Designee (Printed)**

\_\_\_\_\_  
**Principal or Designee Signature**

\_\_\_\_\_  
**Date**