



# DUAL ENROLLMENT CLEARANCE FORM

\*If you have not applied do so today, the enrollment process can not be complete without an active college ID#.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ \*College ID#: \_\_\_\_\_

Excelsior ID# \_\_\_\_\_ Facilitator Name: \_\_\_\_\_ Excelsior Campus: \_\_\_\_\_

Name of Community College: \_\_\_\_\_ Year: \_\_\_\_\_

Please place the desired courses on the Dual Enrollment semester term you wish to take them:

Registration happens end of Spring for Summer/Fall:

**SUMMER** (8.0 unit Limit) \_\_\_\_\_, \_\_\_\_\_

**FALL** (NonCCAP 11.5, CCAP 15 Unit Limit) \_\_\_\_\_, \_\_\_\_\_

\*Please note which courses will be CCAP.

\_\_\_\_\_, \_\_\_\_\_

Registration happens during end of Fall for Winter/Spring:

**Winter** (8.0 unit Limit) \_\_\_\_\_, \_\_\_\_\_

**Spring** (NonCCAP 11.5, CCAP 15 Unit Limit) \_\_\_\_\_, \_\_\_\_\_

\*Please note which courses will be CCAP.

\_\_\_\_\_, \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

As this students acting facilitator, I believe the student to be academically prepared and mature enough to succeed in college level coursework. I have reviewed their transcripts and checked their schedule so CCAP courses will not conflict with workshops.

\_\_\_\_\_  
Facilitator (Printed)

\_\_\_\_\_  
Facilitator Signature

\_\_\_\_\_  
Date

Office Only:

\_\_\_\_\_  
Principal or Designee Initials

\_\_\_\_\_  
Date Received-Completed

DE Forms/ Links Sent to Parent & Student

DE Form Signed/Copied or Saved by Designee.

DE Form returned to student or directly sent to admissions.

Addendum Collected (One on file per school year)

CCAP State Form Collected if applicable. (One on file per school year)