



# Edward Waters College

1658 Kings Rd  
Jacksonville, FL 32209  
904-470-8057

**Application Term:**

Fall

Spring

Summer

## Dual Enrollment Program Application

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

Before going any further on this form, you must check the one (1) box that fits your current status. If you are not sure, check with your counselor before proceeding. If you are a Private or Home School student, check the appropriate box AND the other category that you fall under (i.e. Home School/DE Traditional).

**I AM APPLYING FOR...**

Dual Enrollment (Traditional)

Early Admission

SLS 1103 Pilot Program

Returning Dual Enrollment Student

Early College

Name of High School \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

**Student Information**

Name \_\_\_\_\_

Last

First

Middle

Social Security Number \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*In compliance with Florida State Statute 119.071(5), students should be aware that Edward Waters College collects and uses social security numbers (SSNs) if specifically required by law to do so or if necessary for the performance of the College's duties and responsibilities. The College takes appropriate measures to secure SSNs from unauthorized access and does not release SSNs to other parties except as required to fulfill the College's duties and responsibilities.

Mailing Address \_\_\_\_\_

Number and Street or P.O. Box

Apt#

Phone \_\_\_\_\_

City

State

Zip

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: Female Male

Country of Birth: \_\_\_\_\_ Primary Language: English Spanish Other

Parent or Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Home

Work

Parent's E-mail Address: \_\_\_\_\_ Student's E-mail Address: \_\_\_\_\_

*Information submitted in this section of the application is voluntary and will not be used in the admission process.*

**(Circle all that apply)**

American Indian Alaska Native Asian African American Hispanic White Native Hawaiian Pacific Islander

**Test Scores:** Although test scores are not required for admission to the Dual Enrollment program, please provide all valid test scores if available. Please circle one of the following indicating which test you have taken.

SAT

ACT

Check **all high school mathematics** course(s) that you have completed to date.

Algebra I \_\_\_\_\_

Algebra II \_\_\_\_\_

Geometry \_\_\_\_\_

Trigonometry \_\_\_\_\_

Pre-Calculus \_\_\_\_\_

Calculus \_\_\_\_\_

**HIGH SCHOOL PERSONNEL AUTHORIZATION - To be completed by District or Private School Guidance Counselor or Home school Parent**

Name of Applicant: \_\_\_\_\_ is enrolled at \_\_\_\_\_ High School in Duval County, which has a Dual Enrollment contract with Edward Waters College. This individual meets the established grade point average (GPA) and high school classification criteria, and I recommend that he/she be enrolled in the course(s) listed below. We agree that should the student fall below the requirements at the end of any College term, he/she will be returned back to the high school program. The high school diploma will be granted by the high school after the student has completed the listed college courses and any other requirements designated by the high school.

**STUDENT'S AUTHORIZED TERM REGISTRATION**

Term	College Course ID#	Course Title	Location of Class

Mark Items Attached: **PLEASE ATTACH FULL TRANSCRIPT OR ACADEMIC HISTORY WITH CURRENT CUMULATIVE GPA**

- Transcripts and GPA *Application without the appropriate attachments will be returned unprocessed*
- Test Scores

High School Counselor Name (Please Print): \_\_\_\_\_  
 High School Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Counselor's Email Address: \_\_\_\_\_ Phone# \_\_\_\_\_

**STUDENT AGREEMENT: To be completed by the Student**

1. I have checked this application for error and certify that the information is accurate and complete.
2. I agree to read, understand and abide by the Edward Waters College Dual Enrollment Student Success Contract. Failure to abide by all of the rules and regulations of this program will cause me to exit the program and return to my high school.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARENT/GUARDIAN AGREEMENT & RESIDENCY: To be completed by Parent/Guardian**

Name of Applicant: \_\_\_\_\_ has my permission to enroll in the Dual Enrollment program at Edward Waters College. I understand that credit will be provisional until he/she earns a high school diploma. **I have read the section above signed by the school officials and agree that my child will return to high school upon failing to meet the requirements listed above. I understand that communications or updates regarding my child are to be with the high school counselors.**

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**I certify that all of the above information is correct to the best of my knowledge. If accepted as a participant at Edward Waters College, I agree that during such time as I may be enrolled, I will abide by all the rules, regulations, practices and policies of EWC as they may be at the time of participation or as they may be changed during my continuance. EWC adheres to the principle of equal education and employment opportunity without regard to race, handicap, sex, color, creed, or nation.**

**I certify that all of the above information is correct to the best of my knowledge. If accepted as a participant at Edward Waters College, I agree that during such times as I may be enrolled, I will abide by all of the rules, regulations, practices and policies established contractually for the High School Dual Enrollment Program by EWC and the Duval County School district, separately in relation to admissions policies, academic credit transfers, and specific program requirements, both as these policies and practices may be at the time of participation or as they may be changed during my continuance.**

**I hereby give my permission for Edward Waters College to release grade information directly to my parents/guardian.**

**Student Signature** \_\_\_\_\_ **Date of Application** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date of Application** \_\_\_\_/\_\_\_\_/\_\_\_\_