

Dual Enrollment Request for Release to Florida College System Institution

Please complete all sections of this form and email it to DualEnrollment@nfc.edu.

Allow up to **10 business days** for notification of approval or denial.

Requesting Dual Enrollment Release to:

Institution Name: _____ **Anticipated Start Year:** Fall ___ Spring ___ Summer ___

Student Information

Student Name: _____ **Grade:** _____

Address: _____ **Date of Birth:** _____

Parent/Guardian Name: _____ **Email:** _____

Please indicate the educational program that the student is currently enrolled in:

___ **Public School:** _____
School Name

___ **Home Education -or- Personalized Education Plan (PEP):** _____
County of Residence

Type of Release Requested

___ **Conditional Release** — Permission to temporarily dual enroll at an out-of-district institution for the following course(s):

___ **Institutional Release** — Permission to dual enroll at an out-of-district institution for the duration of one academic semester (Fall, Spring, or Summer).

Reason for Release Request

___ Specific Course(s) not offered at North Florida College

___ Institution is closer to my home address than any NFC location, and there are no available online or hybrid course options

___ Other (please specify):

Guidance Counselor -or- Student
Education Representative Signature

Date

Student Signature

Date