POLK STATE
Student Services

999 Avenue H Northeast
Winter Haven, FL 33881-4299
Phone: (863) 297-1000
Fax: (863) 297-1023

DUAL ENROLLMENT REQUEST FOR EXCEPTION TO POLICY

STUDENT DEMOGRAPHIC INFORMATION

Student Name			
Student Phone #		**Polk State ID #**	
Student Email		**PCPS ID #**	

HIGH SCHOOL INFORMATION

High School Name		**Anticipated Graduation Date**	
High School Grade Level		**Current HS GPA** (*UNWEIGHTED*)	
Counselor First and Last Name		**Current College GPA**	

REQUEST SUMMARY INFORMATION

Semester of Request		**Reason for the Request** (*CHOOSE ALL WHICH APPLY*)	☐ HS GPA TOO LOW ☐ COLLEGE GPA TOO LOW ☐ EXCEED CREDIT LIMIT ☐ ACCELERATED COURSE OFFERING ☐ REPEAT A FAILED COURSE ☐ REPEAT A PASSED COURSE ☐ OTHER _____
Academic Year of Request			
All Courses Requested:	**Additional Details/ Description of the Request:**		

As appropriate, attach documentation to justify this request.

By signing this document, all parties attest that the Dual Enrollment Agreement has been read and that the parties have a complete understanding of the policies and requirements outlined in the Agreement.

_____ _____
STUDENT'S SIGNATURE FOR REQUEST **DATE**

_____ _____
PARENT'S SIGNATURE FOR REQUEST **DATE**

APPROVALS

NOTE: Approvals must be granted in the order listed (High School Principal → PCPS Director of Accelerated Programs → Polk State College Dean of Student Services or Designee).

STAFF	APPROVED	DENIED	STAFF SIGNATURE	DATE
HIGH SCHOOL PRINCIPAL SIGNATURE				
PCPS DIRECTOR OF ACCELERATED PROGRAMS				
POLK STATE COLLEGE DEAN OF STUDENT SERVICES OR DESIGNEE				

Polk State College does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs, activities, or employment. For information about the College's equal access and equal opportunity policies and procedures, or to file a complaint, please contact the Title IX Coordinator, 3425 Winter Lake Road, Lakeland, FL 33803, 863.669.2903, compliance@polk.edu. For additional information, visit polk.edu/compliance.

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