



Dual Enrollment Student ADVISEMENT Plan

Student's Name _____
 Chatt Tech Student ID Number _____ Date of Birth _____
 Student's High School _____ Student's School System _____
 9th Grade Entry Date _____ Anticipated Graduation Date _____ Current Grade Level _____

The Dual Enrollment (DE) program provides opportunities for eligible high school students to enroll part or full-time in postsecondary institutions to take college courses and earn both high school and college credit.

Dual Enrollment Semester:

TERM: _____ School Year: _____

(1) **Postsecondary Institution** I plan to attend as a Dual Enrollment Student:

Chattahoochee Technical College

(2) **High school/DE status:**

Check Below

(Maximum of 15 semester hours per term funding limit)

Part Time DE Student (Combination of DE + High School course(s))

Full Time DE Student (DE Courses only - Minimum of 12+ Hours of Postsecondary Courses)

(3) **High School Courses to be completed this term – (BOTH DE and HS courses) –**

Final Schedule Will Be determined by high school and college course schedules

High School Course Name On the transcript, use course number from the DE course catalog and the DE college course name	DE College Course Name i.e., ENGL 1101 or MATH 1111 or POLS 1101	Course # from DE Catalog Always use HS # unless it causes a duplicate course # error -or there is no HS #.	<u>Term:</u>
			ALTERNATE course
			ALTERNATE Course

(4) **ONLY** Students pursuing a diploma through the

“Accelerated Career” or “High School Postsecondary Graduation Opportunity”

Check Below indicating which credential will be earned:

___ Associate Degree

___ Technical College Diploma

___ Two (2) Technical College Certificates (TCCs) on the **Approved Accelerated Career list**

Program of Study Area in which credential will be completed:

_____ (ex: Welding, Automotive, Cosmetology, etc.)

Student Name Printed _____ **Date** _____

Student Signature _____

Student Phone Number _____ **Student Chatt Tech Student ID Number 900** _____

Student Email _____

Parent/Guardian Name Printed _____ **Date** _____

Parent/Guardian signature _____

Parent Phone Number _____

Parent Email _____

HS Counselor Name Printed _____ **Date** _____

HS Counselor Signature _____

Phone Number _____

Email _____

Note: This completed form **should be uploaded to Chatt Tech's website using this link:**

<https://ctcforms.chattahoocheetech.edu/DualEnrollment/dedocupload-form.php>

NOTES:
