UF Center for Precollegiate Education and Training
UNIVERSITY of FLORIDA

Dual EnrollmentForm (542)

Authorization Form and Reimbursement Request For Instructional Materials Issued Participants Dual Enrollment Students From P.K. Yonge Developmental Research School

1. TERM / YEAR ENROLLED

☐ Fall ☐ Spring ☐ Summer A/C ☐ Summer B

PLEASE PRINT CLEARLY OR TYPE

2. STUDENT NAME - Last, First, Middle	3. UF ID NUMBER	4. HIGH SCHOOL

5. COURSE NO. / NAME / CREDIT HOURS	6. INSTRUCTIONAL MATERIALS RECEIVED BY STUDENT			7. COST
	BOOK TITLE	EDITION	PUBLISHER	
Course Number: Course Name: Credit Hours:				
Course Number: Course Name: Credit Hours:				
Course Number: Course Name: Credit Hours:				
Course Number: Course Name: Credit Hours:				
Course Number: Course Name: Credit Hours:				
Course Number: Course Name: Credit Hours:				
			8. Total Reimbursement Request	

9. HIGH SCHOOL CERTIFCATION

The student has met the minimum requirements for dual enrollment. The student has my permission to enroll in these courses and will earn high school graduation credit.

Signature of Guidance Counselor or Designee *Date*

10. STUDENT CERTIFICATION

I intend to dual enroll at the University of Florida and understand that the instructional materials as specified for these courses will be received at no cost to me.

Signature of Student *Date*

11. UNIVERSITY OF FLORIDA

The student is a public high school student who is earning credit toward high school graduation through a Dual Enrollment Program as provided in Chapter 87-212, Florida Statutes. When the courses provided to this student are successfully completed, the credits earned may be applied toward a baccalaureate degree. The instructional materials are required for the course(s).

Signature of University Designee *Date*