DUAL ENROLLMENT ARTICULATION AGREEMENT REQUEST FORM

Please provide the following information to be included in the Dual Enrollment (DE) Articulation Agreement:

SCHOOL INFORMATION

School Name: ____________________________________________________________
Abbreviated name/acronym to be used when referencing the school in the agreement: _______
Legal Status (e.g., private, charter or public school): ________________________________
School ID (if applicable): _______________________________________________________
School Address: _______________________________________________________________
School Website: _______________________________________________________________
Accredited by: ________________________________________________________________
Has the school completed the Annual Private School Survey? (if applicable to private schools):
_____ Yes _____ No

SIGNATORY PARTIES INFORMATION

Name: _________________________________________________________________
Title: ________________________________________________________________

GENERAL QUESTIONS

Has the school previously entered into a DE Articulation Agreement with FIU? _____ Yes _____ No

Requested start term for the collaboration* (Fall, Spring or Summer) ________/ year _____________
*FIU has the discretion to determine implementation date of the agreement.

Please print, complete and email form to:
Danay Barata
Academic Planning and Accountability
dbarata@fiu.edu

An agreement template will be sent to you for review and you will be contacted by the Dual Enrollment office to schedule a site visit.

Completed by: ___________________________ Date: ________________

December 2020