



FLORIDA INTERNATIONAL UNIVERSITY

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: _____