

## 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:

Legal Status:

Charter

Private. Has the school completed the [Annual Private School Survey](#)?  Yes  No

Public school

School ID (if applicable):

School District:

School Address:

School Website:

Accredited by:

### SIGNATORIES INFORMATION

Name:

Title:

### GENERAL QUESTIONS

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

Desired Implementation Term and Year\*:

Term:  Fall  Spring  Summer

Year:

\*FIU has the discretion to determine implementation date of the agreement.

### EMAIL FORM TO

Danay Barata  
[dbarata@fiu.edu](mailto:dbarata@fiu.edu)  
Dual Enrollment | Division of Student Affairs

After receiving this form, an agreement template will be sent to you for review.

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_