

Dual Enrollment Articulation Agreement Request Form

School Information			
Please provide the following information to be included in the Dual Enrollment Articulation Agreement:			
School Name:			
School Type:	☐ Charter	□ Private	
		Has the school completed the Annual Private School Survey?	□ Yes □ No
School ID:			
School District:			
School Address:			
School Website:			
Accredited by:			
Signatory Information			
Principal or Authorized School Designee Name:			
Title:			
Email (for electronic signing):			
Desired Implementation Term and Year*			
Term: □Fall		□Spring □Summe	er
Year:			
* FIU has the discretion to determine implementation date of the agreement.			
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Form Submission Instructions			
Please email the completed form to dualenro@fiu.edu with the subject line: DE Articulation Agreement Request Form			
		Dicalaimer and Signature	
Disclaimer and Signature I certify that I am authorized to request the Dual Enrollment Articulation Agreement on behalf of my school, and that the			
information provided is true and accurate to the best of my knowledge.			
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