

## **Dual Enrollment Articulation Agreement Request Form**

		School Informat	lon	
Please provide the	following infor	mation to be included in the Dual Enro	Ilment Articulation Agreeme	ent:
School Name:				
School Type:	□ Charter	☐ Private		
		Has the school completed the Annu	al Private School Survey?	□ Yes □ No
School ID:				
School District:				
School Address:				
School Website:				
Accredited by:				
·				
		Signatory Informa	ation	
Principal or Autho	rized School D	esignee Name:		
Title:				
Email (for electror				
		Desired Implementation Te	erm and Year*	
Term: □Fall		□Spring	□Summe	r
Year:				
* FIU has the discre	etion to determ	ine implementation date of the agreen	nent.	
		Form Submission Ins	tructions	
Please email the co	ompleted form	to <b>dualenro@fiu.edu</b> with the subject	line: <b>DE Articulation Agre</b>	ement Request Form
		Disclaimer and Sig	nature	
		quest the Dual Enrollment Articulation ccurate to the best of my knowledge.	Agreement on behalf of my	school, and that the
Signature:			Date	