

**DUAL ENROLLMENT
ELIGIBILITY EXTENSION REQUEST**

I am requesting to continue my eligibility for Dual Enrollment funding while earning dual credit (high school and college) and completing high school based on the documentation at the high school. I understand I must continue to meet all Dual Enrollment eligibility requirements.

Student Section

Dual Enrollment Length of Eligibility is four (4) years starting at the 9th grade. Students may request an extension with a documented option or plan that requires extended high school enrollment in order to graduate.

(Check all that apply)

- Individualized Education Plan documented with high school
- 504 Plan documented with high school
- High School Postsecondary Graduation Opportunity (SB2) declared with high school/home study

Name _____ Student's SSN _____ - _____ - _____
(First, middle and last)

Address _____ City _____ Zip Code _____

Email Address _____ @ _____

High School Name _____

I/we certify that the information reported above and on any other document or writing in connection with this request is true, correct and complete to the best of my/our knowledge. I/we, agree to allow documentation of my plan/option be provided to GSFC, upon request, for purposes of verification of documented extended length of enrollment in high school.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Case Manager/Counselor Section

IEP/504 Plan

The student has a documented IEP or 504 Plan on record with a planned high school graduation date of _____.

IEP/504 Case Manager Signature _____ Date _____

Print Name _____ Email Address _____ @ _____

High School Postsecondary Graduation Opportunity (SB2)

The student declared an Alternative Graduation Option (SB2) with a scheduled high school graduation date of _____.

Counselor (for SB2 Option) Signature _____ Date _____

Print Name _____ Email Address _____ @ _____

**Complete and email to sas@gsfc.org
Confirmation will be sent via email response**

01/18