TCC/FSU Cooperative Program Dual Enrollment Application

This form enables you to apply for dual enrollment at Florida State University for **ONE TERM ONLY.**

Florida State University	Tallahassee Community College
Office of Admissions	**Office of Enrollment Services and Testing**
A2500 University Center	**444 Appleyard Drive**
Tallahassee, FL 32306-2400	**Tallahassee, FL 32304-2895**
(850) 644-3420	**(850) 201-8555**
Fax: (850) 644-0197	**Fax (850) 201-8474**

INSTRUCTIONS:

1. Complete **ALL** of section A. The specific courses you wish to take at Florida State University must be known before proceeding to step 2.
2. If you are a participant in a special program (Cheerleading, Dance, Ensemble/Marching Chiefs, Music or ROTC), a signature is required from your program in Section C.
3. Visit the Enrollment Services Office for Completion of Section B.

YOU ARE RESPONSIBLE FOR RETURNING THE ORIGINAL COPY OF THIS FORM TO THE FSU OFFICE OF ADMISSIONS.

SECTION A: To be completed by the applicant. Do not leave any questions blank. Please print or type with blue or black ink.

Term: ❑ Fall, 20____ ❑ Spring, 20_____ ❑ Summer, 20_____

1. _____ - _____ - _____
   Social Security Number

2. _____
   Last Name First Name M.I.

3. Sex: ❑ M ❑ F

4. Birthdate: _____/_____/_____
   Mo. Day Yr.

5. Race: _____

6. Nation of Citizenship: _____

7. Mailing Address: _____

_____ (_____) _____ - _____
City County State Zip Code (Area Code) Telephone Number

8. Email Address: _____

I understand that it is my responsibility to ensure that an official transcript is forwarded to Tallahassee Community College upon completion of coursework. I also understand that this application is for the ONE TERM specified only. A NEW FORM IS REQUIRED for any additional term(s). I must regain permission for the approved courses in order to continue my dual enrollment at Florida State University.

Signature of Student: _____ Date: _____

Intended Course Work at Florida State University:

❑ **1000 or 2000 Course Level:** All course work at this level must be indicated below. The courses should not be offered at TCC and must apply toward the degree you are pursuing at TCC. If approved, this level may qualify for coverage by TCC Financial Aid.

	Prefix and Course Number	Hours	Course Title	Parent School Equivalent
1.				
2.				
3.				
4.				
5.				

❑ **3000 or 4000 Course Level:** This course work satisfies requirements at the University level only. This level of course work does not qualify for coverage by TCC Financial Aid.

❑ YES ❑ NO I receive Financial Aid or Veteran's Benefits at Tallahassee Community College

Section B: To be completed by TCC Enrollment Services Office.

❑ YES ❑ NO 1. The above-named student is regularly enrolled in a degree program and is in good academic standing.
❑ YES ❑ NO 2. All known disciplinary concerns for the above student has been addressed and cleared.
❑ YES ❑ NO 3. This student has a clear financial status with the college.
❑ YES ❑ NO 4. This student has the required documentation on file with the TCC to meet legal classification of:
❑ Non- Florida Resident ❑ Florida Resident ❑ Non-Florida Resident Alien
❑ Florida Resident Alien ❑ International Student w/ Visa

Authorized Signature: _____ Date:_____

Section C: Special Programs

If applicable, check special program: ❑ Cheerleading ❑ Dance ❑ Ensemble / Marching Chiefs ❑ Music ❑ ROTC

Special Program Signature_____ Date:_____