



FDTC Dual Enrollment Program
PERMISSION / COMMUNICATION FORM

_____ has permission to enroll at Florence-Darlington Technical College.

Student's Legal Name

He / She is a [] Freshman [] Sophomore [] Junior [] Senior at _____

High School Name

with a cumulative GPA of _____ and a projected graduation year of _____.

Weighted

Year

Please check appropriate enrollment status:

[] Dual Credit Enrolled (receiving High School course credit for college courses)

[] Concurrently Enrolled (not receiving High School course credit for college courses)

I, _____, give permission for Florence-Darlington Technical College to

Student's Name

communicate with the high school listed above and _____ about my

Parent(s) or Legal Guardian

academic progress and enrollment status while I am part of the General Studies Certificate Program at

Florence-Darlington Technical College.

School Personnel Signature/Date

Student Signature/Date

Parent/Guardian Signature/Date

Please return signed form to:
Dual Enrollment Office
Main Campus, Building 5000, Room
5315