

**NON-PUBLIC PRIVATE SCHOOL DUAL ENROLLMENT ARTICULATION AGREEMENT INFORMATION FORM**

**PASCO-HERNANDO STATE COLLEGE**

Dual enrollment articulation agreements must be renewed annually. It is the responsibility of the Non-Public Private School to submit this form annually with the new articulation agreement. A dual enrollment articulation agreement must be submitted by May 30<sup>th</sup> of each year for approval. This form does not constitute an articulation agreement.

Please complete the information requested and return this form to:

**Director of Dual Enrollment  
Pasco-Hernando State College  
10230 Ridge Road  
New Port Richey, FL 34654-5199**

\_\_\_\_\_  
**School Name**

\_\_\_\_\_  
**School Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**ZIP**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**E-mail**

\_\_\_\_\_  
**FAX**

\_\_\_\_\_  
**School Principal/Director**

Persons authorized to sign the Student Dual Enrollment Permission Form:

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Title**

Number of students enrolled in school: \_\_\_\_\_

I hereby certify that the above-named school complies with the survey requirements contained in FS 1002.01 and FS 1002.42. I further certify that I have authority to represent the school and to sign this affidavit on behalf of the school.

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature & Date**

**PHSC Use Only**

Request Approved:  Yes  No

For Academic Year: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
**Director of Dual Enrollment or designee**

\_\_\_\_\_  
**Date**