

# PASCO-HERNANDO STATE COLLEGE

## HOME SCHOOL DUAL ENROLLMENT ARTICULATION AGREEMENT INFORMATION FORM

Dual enrollment articulation agreements must be renewed annually. It is the responsibility of the home 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:

**Vice President of Academic Affairs / College Provost**  
**Pasco-Hernando State College**  
**10230 Ridge Road**  
**New Port Richey, FL 34654-5199**

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

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

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

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

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

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

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

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

\_\_\_\_\_  
**Home School Parent-Educator**

Authorized names of staff that will appear on Student Dual Enrollment Approval Form:

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

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

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

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

I hereby certify that the above-named home school complies with the survey requirements contained in FS 1002, FS 1004, and FS 1007. I further certify that I have authority to represent the home school and to sign this affidavit on behalf of the home school.

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

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

### PHSC Use Only

Request Approved:  Yes  No

Documentation of Grade Level:  9  10  11  12

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

Documentation Provided:  FL Teacher Evaluation

Summer Term III B only:  Yes

\_\_\_\_\_ School District  
Grade of Reference

\_\_\_\_\_  
**Vice President of Academic Affairs / College Provost or designee**

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