

**BROWARD TECHNICAL COLLEGES
2024/25 CAREER DUAL ENROLLMENT APPLICATION**

Technical College: (check one)



Atlantic



McFatter



Sheridan

***All applications must be filled in on-line, printed and signed.
Give the signed copy to your high school counselor for further processing.***

Date: _____ Birth Date: _____ Student # (FSI): _____

Student Name: _____ Name of Current High School: _____
(First Name) (Last Name)

Parent Name: _____ Need Transportation: Yes No
(First Name) (Last Name)

Address: _____

City, State, Zip Code: _____ Home Phone: _____

Student Email Address: _____ Student Cell: _____

Parent Email Address: _____ Parent Cell: _____

Grade level at time of entry: (check one) 11 or 12 Anticipated Graduation Date: _____

PLEASE REFER TO PROGRAM SELECTION DOCUMENT TO COMPLETE THE FOLLOWING.

PROGRAM CHOICE

First Choice: _____ Time: _____

Second Choice: _____ Time: _____

(Signature of Applicant)

(Signature of Parent/Guardian)

PLEASE NOTE: This application cannot be processed without the student attending an orientation (in person or virtually). Failure to complete the orientation will result in a delay of the Technical College's final decision.

TO BE COMPLETED BY A CERTIFIED HIGH SCHOOL COUNSELOR ONLY

I recommend the above student to enroll as a Career Dual Enrolled student based upon his/her graduation plan. Yes No

Please complete the following:

Unweighted GPA: _____

Enrolled in online coursework: Yes No

Academic Plan allows for on-time graduation: Yes No

Currently taking recovery coursework: Yes No

Pattern of Non-Attendance: Yes No

(BTC or the assigned high school has the option to withdraw an application, or a registered student, if the student is not meeting his/her graduation plan or if Technical Program offerings have changed.)

(Signature of Certified School Counselor)

(Print Name of Certified School Counselor)

(Certified School Counselor Phone Number)

(Date)