

I understand that it is my responsibility that my dual enrollment petition is filed with the SJR State Dual Enrollment office in a timely manner. I also understand that based on the recommendation below from the DE Office my schedule for the next semester may be adjusted. I also understand it is my responsibility to contact my high school guidance counselor/DE office to convey appropriate schedule changes in order to be sure my changes are processed accordingly. I further understand that **I am eligible for only one (1) Policy Exception Request during my Dual Enrollment career.**

Student Signature: _____ Date: _____

To be completed by the SJR State Dual Enrollment Office:

SJR State Dual Enrollment Recommendation:

Director of Dual Enrollment

- Approve
 Disapprove

VP for Academic Affairs/CAO

- Approve
 Disapprove

Initials _____ Date: _____

Initials _____ Date: _____

Recommendations/annotations:

- Must earn a "C" or better in all future courses to remain in the Dual Enrollment Program.
 Limited to _____ courses during your next term of enrollment _____
 Must repeat: _____ Can't repeat: _____
 Must sit out one term.
 No online classes
 Other: _____

Current College GPA: _____

Notes regarding adjusted student schedule:

Date petition results emailed to student & counselor: _____