

LAFAYETTE COLLEGE

Dual Enrollment Course Authorization Form

STUDENT: Complete the information in the top portion below and give this form to your high school guidance counselor, dual enrollment coordinator, or college/university official to complete the bottom portion. Completed forms can be emailed to registrar@lafayette.edu. A syllabus may be requested if more information is needed in order to award proper credit.

Name _____ Lafayette L# _____

High School _____

Dual Enrollment Program Name _____

Host College/University _____

Course Number and Title _____

Textbook Title and Author: _____

HIGH SCHOOL COUNSELOR / DUAL ENROLLMENT PROGRAM COORDINATOR / COLLEGE or UNIVERSITY OFFICIAL:

Complete the information requested below and return the signed form to registrar@lafayette.edu.

Please check which of the following statements apply to this course. **Check all that apply.**

____ This course is part of the college/university's regular college-level curriculum which would terminate in a degree. (Adult continuing education, hobby/recreational, or courses technical in nature do not apply.)

____ This course is delivered by a member of the college/university faculty and in the same manner to college students and dual enrollment students alike.

____ The predominant student population of this course is regular, full-time college students enrolled in a degree program.

Name _____

Date: _____

Title _____

Email _____

Phone _____

Signature _____