



Clear Form

Dual Enrollment Participation

High School Counseling Office

Frederick County Public Schools
191 South East Street
Frederick, Maryland 21701

February 2025

Student Name: _____

FCPS Student ID# _____

Student email address: _____

High School: _____

Student cell phone: _____

Grade: _____

DE Program: High School Based Open Campus, FCC
 Open Campus, Other Career Pathways Early College

Semester(s): _____

School Counselor: _____

For all FCC Courses & Programs:

FCC Student ID #: _____ (If you do not have an ID#, you will need to [apply to FCC.](#))

Student Responsibilities: (Please INITIAL to indicate that you have read and understand each requirement.)

- _____ Complete Frederick Community College (FCC) or other college application for admission.
- _____ Read and understand [Frequently Asked Questions](#) about Dual Enrollment with FCPS.
- _____ Complete this Dual Enrollment Participation Form, signed by student and parent/guardian each semester/year you participate in dual enrollment.
- _____ Indicate the request for Dual Credit for each course (see Dual Credit Section).
- _____ Seek college advising to ensure course selection is aligned to future plans (for FCC, see [Meta Majors](#)). For FCC programs, enter your selected Meta Major here: _____
- _____ Attend college classes and follow high school policies for dual enrollment attendance.
- _____ Read and adhere to FCC or other college policies, procedures, and code of conduct.
- _____ Monitor FCC or other college email account. (For FCC, see [Getting Started with FCC Guide](#))
- _____ Notify FCC or other college and FCPS if you withdraw from a course.
- _____ Pay any tuition and fees required by the participating program (High School Based is free).
- _____ Understand the athletic/extracurricular eligibility implications for dual enrollment (DE courses are included in semester grade calculations for eligibility, but not term grades).
- _____ Understand the potential financial aid implications for dual enrollment (unsuccessful DE courses—withdraw, fail, or D—may impact future college financial aid).
- _____ Work with FCC or other college for accommodations, if needed. *Colleges do not follow FCPS IEPs or 504 plans.* (For FCC, see the [Disability Access Service Guide for DE](#)).
- _____ Complete [Special Approvals Form](#), if required (see school counselor for more information).
- _____ For schools other than FCC, provide your school counselor with a final grade report.

Dual Credit: (Read and complete this section carefully; it impacts your high school graduation and transcript.)

College courses and grades will appear on the college transcript. Dual Credit means that the student will also receive high school credit for college coursework. If the student elects Dual Credit, the grade appears on both the high school and college transcripts. Dual Credit courses are weighted in the high school GPA.

Most 3-4 credit college courses are eligible for Dual Credit. Some college courses align in curriculum with a specific FCPS high school course for graduation. When a course aligns with a FCPS course the student has already completed, selecting Dual Credit will mean the course counts as a repeat course for high school GPA calculation.

Although most Dual Enrollment students seek Dual Credit for their college courses, students do not have to elect Dual Credit for the college classes when to participate in Dual Enrollment. *Speak with the high school counselor for questions about Dual Credit.*

You must indicate Dual Credit for each course before the end of the Add/Drop period for the college course. No specific election by the date will default to “yes” for Dual Credit.

College: FCC Other: _____

Course Title(s) of college course(s) student **intends** to take (please correct if schedule is changed):

Course Catalog Number (e.g. ENGL 101):	High School Based (HSB) or at college/ Open Campus (OC):	Dual Credit Election:	Comments about request (optional):
	HSB: <input type="checkbox"/> OC: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
	HSB: <input type="checkbox"/> OC: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
	HSB: <input type="checkbox"/> OC: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
	HSB: <input type="checkbox"/> OC: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
	HSB: <input type="checkbox"/> OC: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
	HSB: <input type="checkbox"/> OC: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	

Parent and Student Permissions:

- I understand that by participating in dual enrollment (initial each statement):
 - _____ My/ my student’s academic progress and attendance will follow college guidelines under FERPA and will **not** be tracked in the FCPS learning management system (Schoology).
 - _____ My/ my student will be subject to the college’s policies and procedures for all courses.
 - _____ I/my student will follow the college’s policies for all instructional technology used in the college classes (e.g. Blackboard, Knewton Alta, Slingshot, etc).
 - _____ For HSB attendance (parent): My student is **not** required to be in the school building on days when their FCC class is not in session. My student will need to arrange with school administration if they need to be in the high school building on days when their class is not in session.
- For FCC Programs: I give my consent to FCPS to share my/ my student’s information with the necessary departments of Frederick Community College for the purpose of participation and registration in the dual enrollment program. I give my permission for FCC to provide grade and success reports to my/ my student’s high school.

Student Signature: _____ Date: _____
 Parent/Guardian: _____ Printed / Signature Date: _____

For High School Office Use Only: Principal/Designee Approval:
 I approve the student listed above for participation in the dual enrollment program for the courses listed above.

Printed Name/Signature: _____ Date: _____

Upon approval, all courses should be entered into eSchool on the student’s schedule.