Cobb County Dual Enrollment Student ADVISEMENT Plan This form must be completed and signed by all parties for each semester of DE participation.						GaDual DE Enrollment		
				Date of Birth				
Current Grade Level9 th Grade Entry Date				Anticipated Graduation Date				
erm of Part	icipation:							
			-	□Spring				
Postsecondary Institution I plan to attend as a Dual Enrollment Student:								
ntus: DE Student DE Student DE Student					ourses)			
Information below this line to be completed by counselor								
					•			
d transcript m	HS HS HS HS HS HS HS ently In Progress ay be provided in	DE DE DE DE s n addition to					DE DE DE DE DE DE	
Final Scheo	dule will be deter	rmined by h	igh school and	l college course schedu	ıles			
<u>se Name</u> osition, ry Y)	(i.e. 23.034 refer to DE Cata	1) alog on	Post-Second (i.e. ENGL 110	dary Course Code 11, list NA if HS course)			Self-pay?	
	rel9 th rm of Part rm of Part titution I pla tus: DE Student E Student Ine to be cc St credits ear credits ear f f "IP" are curr thigh Schoo Final Scheo Se Name osition,	Student This form must be completed and This form must be completed and rel9th Grade Entry D rel9th Grade Entry D arm of Participation: Colspan="2">OLA-2025 Summer titution I plan to attend as titution I plan to attend as titution I plan to attend as DE Student (Combination O) DE Student (DE Courses o) Student (DE Courses o) Student (DE Courses o) Ine to be completed by coorsection (DE Courses o) Student (DE Courses o) Ine to be completed by coorsection (DE Courses o) Ine to be take (DE Student (DE Courses o) Ine to be completed by coorsection (DE Courses o) Ine to be completed by coorsection (DE Student) Ine to be completed by coorsection (DE Courses o) Ine to be take Ine to be course o) Ine to be take Ine to be course o) Ine (DE Coursection)	Student ADV This form must be completed and signed by This form must be completed and signed by rel9th Grade Entry Date erm of Participation: Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Completed Entry Date erm of Participation: Colspan="2">Colspan="2" Colspan="2">Colspan="2" Colspan="2" Colspan="2" </td <td>Student ADVISEME This form must be completed and signed by all parties for ea ref9th Grade Entry Date</td> <td>Student ADVISEMENT Plan This form must be completed and signed by all parties for each semester of DE particip Date of Birth</td> <td>Student ADVISEMENT Plan This form must be completed and signed by all parties for each semester of DE participation. Date of Birth</td> <td>Student ADVISEMENT Plan This form must be completed and signed by all parties for each semester of DE participation. </td>	Student ADVISEME This form must be completed and signed by all parties for ea ref9th Grade Entry Date	Student ADVISEMENT Plan This form must be completed and signed by all parties for each semester of DE particip Date of Birth	Student ADVISEMENT Plan This form must be completed and signed by all parties for each semester of DE participation. Date of Birth	Student ADVISEMENT Plan This form must be completed and signed by all parties for each semester of DE participation.	

\Rightarrow OPTION B - High School Postsecondary Graduation Opportunity (formerly SB2)							
To be completed ONLY by students pursuing their high school diploma through these alternate requirements:							
See Page 3 <u>https://bit.ly/DEOptionB</u>							
<i>i.</i> <u>Che</u> ck Below indicating which Post-Secondary credential will be earned:							
Associate Degree							
Technical College Diploma							
Two (2) Technical College Certificates (TCCs) on Approved SB2 list <u>https://bit.ly/DEOptionBareas</u>							
ii. Program of Study Area in which credential will becompleted							
(ex: Welding or World Language, etc.)							
Dual Enrollment funds up to 30 semester hours/45 guarter hours.							
Total Previously Earned and In Progress DE hours: Total Proposed DE hours (as listed above):							
Total Remaining DE hours (for future terms):							
Notes:							
Student Name PrintedDateDate							
Student Signature							
Student Phone Number							
Student Email							
Parent/Guardian Name PrintedDate							
Parent/Guardian signature							
Parent Phone Number							
Parent Email							
HS DE Advisor/Counselor Name PrintedDateDate							
HS DE Advisor/Counselor Signature							
Phone Number							
Email							