

## RECOMMENDED COURSES TO BE ADDED TO THE DUAL ENROLLMENT COURSE EQUIVALENCY LIST

**District:** \_\_\_\_\_

**Contact(s):** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Postsecondary Dual Enrollment Course Prefix and Number	Postsecondary Dual Enrollment Course Title	Postsecondary Credit Earned	Recommended Subject Area Requirement Satisfied at High School	Recommended High School Credit Awarded

**Comments:**

Please email to me at [Pamela.kerouac@fldoe.org](mailto:Pamela.kerouac@fldoe.org) or fax to 850-245-9542 by **Sept. 23, 2005**. Please include a brief explanation or rationale for the requested submission and note if this course has been included in your current Interinstitutional Articulation Agreement.