PARTNERS IN PROGRESS 2 (PIP2) PROGRAM

Program Dates:
June 18th to July 27th, 2018
Monday through Friday 9am to 3pm

Mission and Purpose:
The Partners in Progress Program is hosted by the Pre-College programs department at Florida International University’s (FIU) Modesto Maidique and Biscayne Bay Campus. The program aims to provide students with the opportunity to take ENC 1930- Essay Writing and SPC 2608- Public Speaking on FIU campus. Through this dual enrollment program, students not only get the opportunity to earn 6 college credits but they also will participate in a campus project, study hall, and FIU department presentations.

Eligibility:
Current 11th graders are encouraged to apply for this fantastic opportunity to get a taste of college life while taking two college courses. Students should have an unweighted GPA of 2.8 or higher and meet a test requirement for each subject: ACT score of 19 or higher on Math & Reading and 17 or higher on English; SAT score of 440 or higher on each section (New SAT-Math 24, Writing and Language 25); or PERT score of 106 on Reading, 103 on Writing and 114 on math or higher. The highest score will be taken from either test or section to meet requirements. Past dual enrollment courses will also be taken into consideration for acceptance.

Transportation:
Transportation is not provided for this program. Students are given the opportunity to select the campus that is closest to their home to take their courses.

EXTENDED APPLICATION DEADLINE IS APRIL 27, 2018.

To inquire for more information please contact FIU Pre-College Programs staff at (305) 348-3634.
PARTNERS IN PROGRESS 2 (PIP2) PROGRAM

Tentative Dates (June 18th – July 27th, 2018)

PLEASE COMPLETE ALL SECTIONS.
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.
EXTENDED APPLICATION DEADLINE IS APRIL 27, 2018.

PERSONAL INFORMATION: (Please type or print clearly.)

Name__________________________________________________________
First
Last

Street Address__________________________________________________________________________________________

City_________________________________ State __________ Zip __________ Phone # __________________

Date of Birth_______ /_______/_______ Email __________________________________________________________ Gender ☐ Male ☐ Female

School you currently attend____________________________________________________________________________ Grade______ Graduation Year__________

MDCPS Student ID# __________________________

Are you a United States Citizen? ☐ Yes ☐ No (If yes, please attach a copy of your birth record)

If no, a copy of your Resident Alien Card MUST be attached.

ETHNIC BACKGROUND:
☐ African American/ Black ☐ Hispanic/ Latino ☐ Asian ☐ White
☐ Native American ☐ Native Hawaiian or Pacific Islander ☐ Other __________________________________________________________________________

EDUCATIONAL BACKGROUND:

Have you ever attended an FIU Pre-College Program before? ☐ Yes ☐ No

If yes, which program and what year?____________________________________________________________________

Highest Math level completed (Algebra, Geometry, Calculus)__________________________________________Grade Received________________

Do you plan on attending college? ☐ Yes ☐ No ☐ Undecided Which college major are you interested in?______________

PARENTS’ INFORMATION:

Father’s Name________________________________________________ Work Phone #________________

Mother’s Name__________________________________________ Work Phone #________________

EMERGENCY CONTACT PERSON:

Name ___________________________ Phone # ___________________________

PARENTAL APPROVAL:

As the participant’s parent or guardian, I hereby give permission for copies of the participant’s transcripts and records to be released to FIU. All information attained in this process is used to enroll the student as a non-degree seeking student at Florida International University and is necessary to complete that process. I have read this application and approve of the applicant’s participation in the program. I assume full responsibility for the conduct of the applicant and I understand that my involvement is crucial to my child’s success in the program.

Signature of Parent or Guardian__________________________________________ Date________________

Signature of Applicant_________________________________________________ Date________________

__________________________
Office of Pre-College Programs
Phone (305) 348-3634

__________________________
Modesto Maidique Campus, GC 342
Fax (305) 348-1743

__________________________
Miami, Florida 33199
Email: fiupreco@fiu.edu
Application Checklist:

☐ Official High School Transcript (Sealed & Unopened)

   Student must attach physical copy and must not send an electronic copy

☐ Copy of SAT, ACT, and/or PERT Scores

☐ Dual Enrollment Form/Book Voucher

☐ A NON-REFUNDABLE $50.00 money order made payable to FIU

☐ Complete Immunization form **with doctor’s seal**

☐ Application Submission Confirmation/Parent Acknowledgement Sheet
Immunization Policy:
As a prerequisite to registration, Florida International University requires all students to comply with the following immunization policy regulations from the Florida Board of Governors regarding measles, mumps, rubella, meningitis and hepatitis B immunity.

1. Measles, Mumps, Rubella:
   - All students born after December 31, 1956 must present documented proof of immunity to measles (Rubella) and German measles (Rubella), as described below.
   
   Acceptable Proof of Immunity consists of:
   1. Proof of two (2) vaccinations (doses) of MMR (Measles/Mumps/Rubella) received at least 28 days apart or two doses of measles and one Rubella
      - Vaccinations must have been received after your first birthday
      - Vaccinations must have been received in 1969 or later
   2. Proof of immunity by way of a blood test lab result (Measles and Rubella Titers)
   3. A written statement from a healthcare provider documenting a diagnosis of measles (Rubella). Must include date of diagnosis, be signed by the healthcare provider and be on his/her official stationery. This is acceptable for measles only and does not apply to Rubella.

Exemptions:
You will be exempt from the pre-registration immunization requirement for measles, mumps, and rubella, only if you meet any one of the following three criteria:
1. You were born before January 1, 1957.
2. Medical Exemption: To claim a medical exemption, you must produce a letter from a healthcare provider, signed on his/her stationery, stating the medical reason(s) why you are not able to receive the measles and/or Rubella vaccine(s) and for how long – a permanent or temporary medical condition warranting exemption.
3. Religious Exemption: For details on how to claim religious exemption, please visit our website at www.fiu.edu/~health

To prevent delays in your ability to register for your classes, all of the above documents requesting medical or religious exemptions must be received by the University Health Services at least four weeks prior to registration.

Temporary Deferments:
Temporary deferments are acceptable for the following conditions:
1. Documented pregnancy or fertility treatment
2. Documentation of breastfeeding
3. Documented illness

Deferment status requests must be submitted to the University Health Services at least four weeks prior to registration and the request must be signed by a healthcare provider and be on his/her official stationery.

2. Meningitis and Hepatitis B
   - All students must present documented proof of vaccination/immunity to meningococcal meningitis and hepatitis B as described below.
   
   Acceptable Proof of Immunity consists of:
   a. Proof of one dose of meningitis vaccine and a total of three doses of hepatitis B vaccines
   b. Proof of immunity by way of a blood test lab result (applicable to hepatitis B only)
   c. A written statement from a healthcare provider documenting a diagnosis of hepatitis B. Must include date of diagnosis, be signed by the healthcare provider and be on his/her official stationery. This is acceptable for hepatitis B only and does not apply to meningococcal meningitis

Exemptions:
Students declining to receive vaccination for meningitis and/or hepatitis B must present a signed waiver of liability acknowledging that they have received and read information pertaining to the disease and despite knowledge of the risks have decided to waive receiving the vaccine (if a minor, the waiver of liability must be signed by the parent or guardian). The waiver of liability can be obtained by contacting the University Health Services department or by visiting our website at www.fiu.edu/~health

For acceptable forms of documentation, what to do if you can’t find your immunization documents, where to get immunized and other frequently asked questions please visit our website at www.fiu.edu/~health

4/2/2008
Florida International University
Immunization Documentation Form

Name: ____________________________ Last  First  Middle

Panther ID Number: ____________________________ Birth Date: _____ / _____ / _____

SECTION: A, B, & C TO BE COMPLETED BY AUTHORIZED MEDICAL PERSONNEL ONLY

A. **MMR Combined (Measles, Mumps, and Rubella):** Two doses fulfill requirements
   - Month / Day / Year 1st dose (received after 12 months of age or later).
   - Month / Day / Year 2nd dose (received at 28 days or more after 1st dose). or
   - **Measles (Rubeola):** Two doses required
     - Month / Day / Year 1st dose (received after 12 months of age in 1969 or later).
     - Month / Day / Year 2nd dose (received at 28 days or more after the 1st dose). or
     - Month / Day / Year Positive Blood Titer (Lab results must be attached).
     - Month / Day / Year Positive Blood Titer (Lab results must be attached).

B. **Hepatitis B:** Three doses fulfill requirements
   - Month / Day / Year 1st dose
   - Month / Day / Year 2nd dose (must be at least 28 days after the 1st dose).
   - Month / Day / Year 3rd dose (must be at least 112 days after the 1st dose and 56 days after the 2nd dose). or
   - Month / Day / Year Positive Blood Titer (Lab results must be attached).

C. **Meningitis:** One dose required
   - Month / Day / Year

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Health Care Provider Signature/Credentials ____________________________ Date __________

Health Care Provider  
Office Stamp Required:

Please submit this completed form at least **four weeks** prior to registration to:

Florida International University, University Health Services

University Park Campus  
UHSC-Room 101  
11200 S.W. 8 Street  
Miami, FL 33199  
305-348-3336(FAX)  
305-348-2401  

Biscayne Bay Campus  
Health Care Center  
3000 N.E. 151 Street  
North Miami, FL 33181  
305-919-5312(FAX)  
305-919-5675  
4/2/2008
CONSENT FORM FOR MUTUAL EXCHANGE OF INFORMATION

Date __________________________

Student's Name ____________________________________________________________

Date of Birth __________________________ ID# __________________________

I hereby authorize the mutual exchange of records pertaining to my child or myself, __________________________, between the MIAMI-DADE COUNTY PUBLIC SCHOOLS and the following agencies (include all schools, physicians, psychologists, hospitals, clinics, etc., that have had significant contact with your child):

Name

Florida International University CROP Program

11200 SW 8th Street, Miami, FL 33199

Address

- The specific records to be disclosed pertain to: REPORT CARDS, TRANSCRIPTS, FCAT SCORES, IEP'S, EPS, ATTENDANCE RECORDS, AND ANY OTHER RELEVANT ACADEMIC INFORMATION

- The purpose for making these records available is: TO ASSIST THIS STUDENT IN THEIR ACADEMIC AND PERSONAL IMPROVEMENT THROUGH THE COLLEGE REACH OUT PROGRAM

- The receiving party will not disclose the information to any other party without signed consent.

I certify that I am the parent or legal guardian of the child named above or that I am a student of majority age and have the authority to sign this release.

_________________________ __________________________
Name (print) Signature

Address City, State Zip Code

Please return this form to: College Reach Out Program at FIU
11200 SW 8th Street, GC 341
Miami, FL 33199

FM-212BE Rev. (11-03)
CARTA DE CONSENTIMIENTO PARA EL INTERCAMBIO MUTUO DE INFORMACIÓN
(CONSENT FORM FOR MUTUAL EXCHANGE OF INFORMATION)

Fecha ____________________

Nombre del estudiante _______________________________________________________

Fecha de nacimiento ____________________ Número de identidad ____________________

Con la presente carta autorizo el intercambio de información en referencia a mi hijo o mi persona,
entre las Escuelas Públicas del Condado de Miami-Dade
(MIAMI-DADE COUNTY PUBLIC SCHOOLS) y las siguientes agencias (incluyendo escuelas, médicos,
sicólogos, hospitales, clínicas, etc., que han tenido que ver con su hijo/hija):

Nombre ________________________________________________________________

Dirección ______________________________________________________________

Florida International University CROP Program 11200 SW 8th Street, Miami, FL 33199

________________________________________________________________________

- Los documentos específicos divulgados conciernen: REPORT CARDS, TRANSCRIPTS, FCAT SCORES, IEP,
  EPS, ATTENDANCE RECORDS, AND ANY OTHER RELEVANT ACADEMIC INFORMATION

- La razón de tener estos documentos disponibles es: TO ASSIST THIS STUDENT IN THEIR ACADEMIC
  AND PERSONAL IMPROVEMENT THROUGH THE COLLEGE REACH OUT PROGRAM

- La(s) persona(s) que reciba(n) estos documentos no divulgará(n) la información con otras personas
  y/o agencias sin su consentimiento.

Hago constar que soy el padre o tutor legal del niño cuyo nombre se menciona arriba o que soy un estudiante
mayor de edad y estoy autorizado para firmar esta carta de autorización.

Nombre ____________________ Firma ____________________

Dirección ____________________ Ciudad, Estado ____________________ Código postal _____________

Sirvase devolver esta carta a: College Reach Out Program at FIU
11200 SW 8th Street, GC 341
Miami, FL 33199

FM-2128S Rev. (11-03)
The next portion of this application must be completed online. Make sure you have stable internet connection and access to a printer before proceeding. Please complete the following steps to receive your parent guardian acknowledgement sheet.

1. Open your web browser and enter the following link into the address bar http://go.fiu.edu/dualenrollment. Click the “Click here to register now” link.

2. Complete user registration and create a username and password. Once completed, return to main page and sign in using new credentials. Once you sign in, click “HS Dual Enrollment” link to begin application.
3. Begin to complete all sections of the application. Please see the left panel to track your progress. When you get to the page called “Applicant Interest” please select the following: **Academic Career** Undergraduate, **Admit Type** Dual Enrollment **Term you are applying for** Summer Term 2018 **Academic Plan** Dual Enrollment Partners in Progress Program.

4. Once you get to the end of the application, you will click “Summary Information” then “yes” to submit the application. Once you submit your application, you will be taken to the Application Submission Confirmation Page/Parent Acknowledgement sheet which MUST be printed, signed by a parent and attached to this application. You can log in later to print document at later time if needed.