PARTNERS IN PROGRESS 2 (PIP) PROGRAM

Program Dates:
June 20, 2022 to July 29, 2022

Mission and Purpose:
The Partners in Progress Program is hosted by the Office of Student Access & Success at Florida International University’s (FIU) Modesto Maidique and Biscayne Bay Campus. The program aims to provide students with the opportunity to earn 6 college credits based on recommendations from Pre-College staff and school counselors. Examples of courses that may be offered include but are not limited to ENC 1101 - Writing and Rhetoric, SPC 2608 - Public Speaking, and MUH 1011- Music Appreciation. In addition, students will attend study hall and presentations hosted by FIU departments.

Eligibility:
Current 11th graders enrolled in a Florida International University Miami-Dade County Partner Schools 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 test score requirements.

Test Score Requirement:
- ACT: 19 or higher on Math and Reading / 17 or higher on English
- SAT: 24 or higher on Math / 25 or higher on Writing and Language
- PERT: 106 or higher on Reading / 103 or higher on Writing / 114 or higher on Math

Transportation:
Transportation is not provided for this program. Students are given the opportunity to choose to complete the program online or hybrid with the choice of selecting the Modesto A. Maidique or Biscayne Bay campus. FIU has implemented safety protocols for students who agree to attend on campus classes. More information will be provided during the program orientation.

APPLICATION DEADLINE IS APRIL 30, 2022.
PARTNERS IN PROGRESS 2 (PIP) PROGRAM
Tentative Dates (June 20 – July 29)
PLEASE COMPLETE ALL SECTIONS.
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.
APPLICATION DEADLINE IS APRIL 30, 2022.

PERSONAL INFORMATION: (Please type or print clearly)

Name______________________________________________________________

Last                          First
Street Address __________________________________________________________

City_________________________ State __________ Zip __________ Phone # __________

Date of Birth_______ /______/_______ Email _______________________________ Gender □ Male □ Female

Current School________________________________________________________ Grade_________ Graduation Year___________

# of FIU Partner School (See list at the end of the application) ________ 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_____________________
MENINGITIS INFORMATION & VACCINATION WAIVER

Meningitis is an infection of the fluid of a person’s spinal cord and the fluid that surrounds the brain. People sometimes refer to it as spinal meningitis. Meningitis is usually caused by a viral or bacterial infection. Knowing whether meningitis is caused by a virus or bacterium is important because the severity of illness and the treatment differ. Viral meningitis is generally less severe and resolves without specific treatment, while bacterial meningitis can be quite severe and may result in brain damage, hearing loss, learning disability, or death. For bacterial meningitis, it is also important to know which strain of bacteria is causing the meningitis because antibiotics can prevent some types from spreading and infecting other people. *Neisseria meningitidis* (also called *meningococcal* meningitis) is the leading cause of bacterial meningitis.

**What are the signs and symptoms of meningitis?**

**Common Triad of symptoms:** high fever, headache, and stiff neck. These symptoms can develop over several hours, or they may take 1 to 2 days. Other symptoms include nausea, vomiting, skin rash, discomfort looking into light, confusion, and sleepiness.

**How is meningitis diagnosed?**

Early diagnosis and treatment are very important. If symptoms occur, the patient should see a doctor immediately. The diagnosis is usually made in the laboratory from a sample of spinal fluid. The spinal fluid is obtained by performing a spinal tap, in which a needle is inserted into an area in the lower back where fluid in the spinal canal is readily accessible. Test results from the spinal fluid can identify if the cause is viral or bacterial and, if the latter, may help determine the selection of antibiotics most effective in treatment.

**Can meningitis be treated?**

Bacterial meningitis can be treated with a number of effective antibiotics. It is important, however, that treatment be started early in the course of the disease. Appropriate antibiotic treatment of most common types of bacterial meningitis should reduce the risk of dying from meningitis to below 15%, although the risk is higher among the elderly.

**Is meningitis contagious?**

Yes, bacterial meningitis is highly contagious. The bacteria are spread through the exchange of respiratory and throat secretions (i.e., coughing, kissing). Fortunately, none of the bacteria that cause meningitis are as contagious as things like the common cold or the flu, and they are not spread by casual contact or by simply breathing the air where a person with meningitis has been. However, sometimes the bacteria that cause meningitis have spread to other people who have had close or prolonged contact with a patient with meningitis. People in the same household or day-care center, or anyone sharing a bathroom or having direct contact with a patient's oral secretions (such as a boyfriend or girlfriend) would be considered at increased risk of acquiring the infection. People who qualify as close contacts of a person with meningitis caused by *N. meningitidis* should receive antibiotics immediately to prevent them from getting the disease.

**Are there vaccines against meningitis?**

Yes, there are vaccines that protect against some strains of *N. meningitidis* but there are no vaccines to protect against viral forms. The vaccine against *N. meningitidis* is sometimes used to control outbreaks of some types of meningococcal meningitis in the United States. Meningitis cases should be reported to state or local health departments to assure follow-up of close contacts and recognize outbreaks. The Advisory Committee on Immunization Practices (ACIP) recommends that all people at risk should receive one dose of the conjugate vaccine (Menactra) whenever possible. This is particularly true for college students who are under the age of 25 and live in close quarters with others or someone who has had his/her spleen removed; these are two groups who have an increased risk of acquiring meningococcal infection relative to other persons their age.

To learn more about meningitis and the vaccine, please contact your physician or visit the CDC web site at [www.cdc.gov](http://www.cdc.gov) and/or the FIU Student Health Services web site at: studenthealth.fiu.edu.

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**WAIVER OF LIABILITY:**

I have read the information above pertaining to meningitis. I understand the risks involved and I decline to receive the meningitis vaccine.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Date of Birth</th>
<th>Panther I.D.</th>
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Signature of student (or parent/legal guardian, if under 18 years of age)   Date
**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, meningococcal meningitis and hepatitis B immunity.

1. **Measles, Mumps, Rubella:**
   - All students born after December 31, 1956 must present documented proof of immunity to measles (rubeola) and German measles (Rubella), as described below:
     - **Acceptable Proof of Immunity consists of:**
       a. Proof of two (2) vaccinations (doses) of MMR (Measles/Mumps/Rubella) received on or after 12 months of age, taken at least 28 days apart, AND in 1968 or later
       b. Proof of immunity by way of a positive blood test lab result (measles and rubella titer)
         - If titer results are negative, student will have to receive the full MMR vaccine series (2 doses) to boost immunity.
       c. A written statement from a healthcare provider documenting a diagnosis of measles (rubeola). Must include date of diagnosis, and be signed by the healthcare provider on his/her official stationary. This is acceptable for measles only and does not apply to rubella.
     - For information regarding medical exemptions or temporary deferments from this mandatory vaccine requirement, please visit studenthealth.fiu.edu and click on the “Registration Holds” link and then “Immunization FAQ.”

2. **Meningitis and Hepatitis B**
   - All students must present documented proof of vaccination/immunity to meningococcal meningitis and hepatitis B as described below.
     - **NOTE:** The meningococcal meningitis vaccine is NOT the same as the vaccine against Meningitis Serogroup B (i.e. Trumenba or Bexsero); therefore, proof of either of these incorrect vaccines is not sufficient to satisfy the immunization requirement.
     - **Acceptable Proof of Immunity consists of:**
       a. Proof of one dose of meningococcal 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)
     - **Exemptions:**
       Students declining to receive vaccination for Meningitis and/or Hepatitis B must accept a waiver of liability acknowledging that they have read information pertaining to the disease and despite knowledge of the risks have decided to waive receiving the vaccine. These waivers can be accepted and viewed on my.fiu.edu under the “Student Center” and “Student Health Portal” tabs.
     - **NOTE:** A parent or legal guardian must sign the waiver for any minor under the age of 18. Parents or legal guardians may contact Student Health Services or obtain the form by visiting studenthealth.fiu.edu.

**Basic Instructions:**
- Submit all documents AS SOON AS POSSIBLE! All immunization documentation must be submitted at least 4 weeks prior to registration date to release any holds that may prevent you from registering for classes.
- Please include your Panther ID number on all submitted documentation.
- MINORS (students under 18 years of age): parent or guardian must sign waiver of liability on behalf of the student.
- Check your my.fiu.edu account for updates on your holds.
- Standard processing time for all submitted documentation is 24 – 48 business hours (48 – 72 business hours during peak seasons)

**How to Submit Your Records:**
- Please send all records directly to Health Compliance via email or fax only.
  - **EMAIL:** immune@fiu.edu
  - **FAX:** (305) 348 – 3336
**FIU Academic & Student Affairs**

**Health Promotion Services**

**IMMUNIZATION DOCUMENTATION FORM**

**STUDENT NAME:** ___________________________  **DATE OF BIRTH:** _____ / _____ / _______

(MM/DD/YYYY)

First term of attendance:  
☐ FALL  ☐ SPRING  ☐ SUMMER

**PANTHER ID NUMBER (REQUIRED):**

[ ] [ ] [ ] [ ] [ ] [ ]

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### Required Immunizations (requirements for ALL students)

<table>
<thead>
<tr>
<th>Vaccine Name</th>
<th>Date (MM/DD/YYYY)</th>
<th>Date (MM/DD/YYYY)</th>
<th>Date (MM/DD/YYYY)</th>
<th>Titer Date &amp; Result (Must include lab report)</th>
</tr>
</thead>
</table>
| MMR (Measles, Mumps, Rubella)  
(2 doses taken 28 days apart, on or after 12 months of age) |  |  | | N/A |
| OR: Measles (2 doses taken after 1968)  
AND  
Rubella (1 dose taken after 1968)  |  |  | | N/A |
| Hepatitis B (3 doses)  
(second dose at least 28 days after the first, and third dose at least 56 days after the second) |  |  | | |

☐ I have read the information about Hepatitis B and decline receipt of this vaccine.

__________________________________________  __________________________
Student or guardian signature (if student is under 18 old)  Date

<table>
<thead>
<tr>
<th>Vaccine Name</th>
<th>Date (MM/DD/YYYY)</th>
<th>Date (MM/DD/YYYY)</th>
<th>Date (MM/DD/YYYY)</th>
<th>Titer Date &amp; Result (Must include lab report)</th>
</tr>
</thead>
</table>
| Meningitis (MCV4/Menactra/Menveo)  
(NOT Meningitis B) |  |  | | N/A |

☐ I have read the information about Meningitis and decline receipt of this vaccine.

__________________________________________  __________________________
Student or guardian signature (if student is under 18 old)  Date

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An official stamp from a doctor’s office, clinic, or health department AND an authorized signature must appear here or this form will not be approved.

__________________________________________  __________________________________________
Physician or Authorized Signature  OFFICIAL OFFICE STAMP HERE

Date

Please submit this completed form at least **FOUR WEEKS** prior to registration date.

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Health Compliance Office, Modesto A. Maidique Campus  
Phone: (305) 348-2688  
Fax: (305) 348-3336  
Email: immune@flu.edu
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 ____________________________________________________________________________________________ Address ____________________________________________________________________________________________

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

______________________________________________________________________________________________

______________________________________________________________________________________________

• 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-2128E Rev (11-93)
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 2022, and **Academic Plan:** Dual Enrollment – PIP (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.
Application Checklist:
- High School Transcript or Course History
- Copy of SAT, ACT, and/or PERT Scores
- Complete Immunization form with doctor’s seal
- Application Submission Confirmation
- A NON-REFUNDABLE $25.00 money order made payable to FIU

Florida International University Miami-Dade County Partner Schools

<table>
<thead>
<tr>
<th></th>
<th>School Name</th>
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<th>School Name</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Academy for International Education</td>
<td>28</td>
<td>Miami Beach Sr. High School</td>
</tr>
<tr>
<td>2</td>
<td>Alonzo &amp; Tracy Mourning Sr. High School</td>
<td>29</td>
<td>Miami Central Sr. High School</td>
</tr>
<tr>
<td>3</td>
<td>Archimedeanc Upper Conservatory</td>
<td>30</td>
<td>Miami Coral Park Senior High</td>
</tr>
<tr>
<td>4</td>
<td>Arthur &amp; Polly Mays Conservatory of the Arts</td>
<td>31</td>
<td>Miami Edison Sr. High School</td>
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<tr>
<td>5</td>
<td>Belen Jesuit Preparatory School</td>
<td>32</td>
<td>Miami Jackson Sr. High School</td>
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<tr>
<td>6</td>
<td>Beth Jacob High School</td>
<td>33</td>
<td>Miami Killian Sr. High School</td>
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<tr>
<td>7</td>
<td>Booker T. Washington Sr High School</td>
<td>34</td>
<td>Miami Norland Sr High School</td>
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<tr>
<td>8</td>
<td>Bridgeprep Academy of Village Green</td>
<td>35</td>
<td>Miami Northwestern SHS</td>
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<tr>
<td>9</td>
<td>Christopher Columbus High School</td>
<td>36</td>
<td>Miami Senior High School</td>
</tr>
<tr>
<td>10</td>
<td>Coral Gables Sr. High School</td>
<td>37</td>
<td>Miami Southridge Senior High</td>
</tr>
<tr>
<td>11</td>
<td>Design &amp; Architecture Senior High</td>
<td>38</td>
<td>Miami Sunset Sr. High School</td>
</tr>
<tr>
<td>12</td>
<td>Doral Academy Preparatory School</td>
<td>39</td>
<td>MLC Preparatory Academy &amp; Learning Center</td>
</tr>
<tr>
<td>13</td>
<td>Dr. Michael M. Krop Sr High School</td>
<td>40</td>
<td>RASG Hebrew Academy</td>
</tr>
<tr>
<td>14</td>
<td>Felix Varela Sr. High School</td>
<td>41</td>
<td>Robert Morgan Educational Center</td>
</tr>
<tr>
<td>15</td>
<td>Florida Christian School</td>
<td>42</td>
<td>Ronald W. Reagan/Doral Sr High School</td>
</tr>
<tr>
<td>16</td>
<td>G. Holmes Braddock Sr. High School</td>
<td>43</td>
<td>Schech Hillel Community School</td>
</tr>
<tr>
<td>17</td>
<td>Hialeah Gardens Sr. High School</td>
<td>44</td>
<td>South Dade Sr. High School</td>
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<tr>
<td>18</td>
<td>Hialeah-Miami Lakes High School</td>
<td>45</td>
<td>South Miami Sr. High School</td>
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<td>19</td>
<td>Hialeah Sr. High School</td>
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<td>Southwest Miami Sr. High School</td>
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<td>20</td>
<td>Homestead Sr. High School</td>
<td>47</td>
<td>Terra Environmental Research Institute</td>
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<tr>
<td>21</td>
<td>Horeb Christian School</td>
<td>48</td>
<td>Westland Hialeah Sr. High School</td>
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<tr>
<td>22</td>
<td>Int'l Studies Preparatory Academy</td>
<td>49</td>
<td>Westwood Christian School</td>
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<tr>
<td>23</td>
<td>iPrep Academy PK-12</td>
<td>50</td>
<td>William H. Turner Technical Arts High</td>
</tr>
<tr>
<td>24</td>
<td>John A. Ferguson Sr. High</td>
<td>51</td>
<td>Young Men’s Preparatory Academy</td>
</tr>
<tr>
<td>25</td>
<td>MAS 6-12 @ Zelda Glazer</td>
<td>52</td>
<td>Young Women’s Preparatory Academy</td>
</tr>
<tr>
<td>26</td>
<td>Mast Academy @ Key Biscayne</td>
<td>53</td>
<td>Youth Co-Op Prep Charter School</td>
</tr>
<tr>
<td>27</td>
<td>Mater Academy Charter High</td>
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</table>