



Cobb County Dual Enrollment

Student *ADVISEMENT* Plan



This form must be completed and signed by all parties for each semester of DE participation.

Student Name _____

Current Grade Level _____ **9th Grade Entry Date** _____

Anticipated Graduation Date _____

Dual Enrollment Term of Participation:

School Year: 2026-2027 2027-2028
Term Summer Fall Spring

Postsecondary Institution I plan to attend as a Dual Enrollment Student: _____

High school/DE status:



Part Time DE Student
Full Time DE Student
Summer DE Student

(Combination of DE + High School course(s))

(DE Courses only - Minimum of 12+ Hours of Postsecondary Courses)

Information below this line to be completed by counselor

Student's Remaining Graduation Requirements

Total number of credits earned: _____ /23.0 Total number of credits remaining: _____ /23.0

**Courses marked with “IP” are currently In Progress*

****An IGP or annotated transcript may be provided in addition to/or in lieu of the above chart**

High School and DE Courses to be completed in upcoming term

Final Schedule will be determined by high school and college course schedules

⇒ **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 <https://bit.ly/DEOptionB>

i. Check Below indicating which Post-Secondary credential will be earned:

Associate Degree

Technical College Diploma

Two (2) Technical College Certificates (TCCs) on [Approved SB2 list](#) <https://bit.ly/DEOptionBareas>

ii. Program of Study Area in which credential will be completed

(ex: Welding or World Language, etc.)

—

Dual Enrollment funds up to 30 semester hours/45 quarter 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 Printed _____ **Date** _____

Student Signature _____

Student Phone Number _____

Student Email _____

Parent/Guardian Name Printed _____ **Date** _____

Parent/Guardian signature _____

Parent Phone Number _____

Parent Email _____

HS DE Advisor/Counselor Name Printed _____ **Date** _____

HS DE Advisor/Counselor Signature _____

Phone Number _____

Email _____