



Postsecondary Education Readiness Test Authorization Form

Please administer the PERT for the following prospective Dual Enrollment student. A copy of the test results should be given to the student for further advising from their high school counselor.

Key West
(305)809-3196

Marathon
(305) 743-2133

Coral Shores
(305)852-8007

Student Name: _____

Counselor's Name: _____

Date: _____

FKCC Dual Enrollment Checklist:

FKCC Dual Enrollment Application Complete Student ID#: _____

Appointment made to take the PERT (**no walk-ins**)

Test Date: _____ Test Time: _____ Location: _____

PERT scores given to high school counselor from student.

Approval form to take DE courses with FKCC received from high school.

Approval form to take DE courses with FKCC taken to FKCC.

Registered for course with FKCC. Student should have knowledge of selected course(s).

Textbook Ordered through University Books Online.