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  ☐ Marathon  ☐ Coral Shores
(305)809-3196  (305) 743-2133  (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.