

**Dual Enrollment  
Contact Information**

**Off campus Dual Enrollment classes can be taken at either  
Cleveland State Community College or Lee University.**

**Contact information:**

**Cleveland State Community College**

**Suzanne Bayne**

**Phone number: 614-8743**

**[sbayne@clevelandstatecc.edu](mailto:sbayne@clevelandstatecc.edu)**

**Location: Room U117-Enrollment Services**

**Or**

**Jan Peterson**

**Phone number: 614-8734**

**[jpeterson@clevelandstatecc.edu](mailto:jpeterson@clevelandstatecc.edu)**

**Location: Room U117-Enrollment Services**

**Lee University**

**Ashley Wilson**

**Phone number: 614-8509**

**[ashleywilson@leeuniversity.edu](mailto:ashleywilson@leeuniversity.edu)**

**Location:**

**Office of Admissions (House on Ocoee St. by the monuments)**

# Dual Enrollment

## Off Campus Permission Form

I am aware that my Cleveland High School student is taking a dual enrollment class off campus for the **Fall 2018** semester at Cleveland State Community College or Lee University. I give my student permission to arrive early or leave the CHS campus to attend the dual enrollment class. I am aware that when the college class is not meeting my student is not required to be on campus for that class period.

I know my student can NOT drop this dual class without a meeting with Mrs. O'Bryan once classes begin.

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Student Name

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Parent/Guardian signature

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Parent/Guardian e-mail address

Students:

Please complete the information below about your **off campus** dual enrollment college class/classes for this semester. **Return this form to the counseling office. You MUST stay on campus during your dual enrollment class period UNTIL you return the *Off Campus Permission Form!*** Have a great semester!

## Dual Enrollment-Off Campus Information

Student Name: \_\_\_\_\_

Cell # \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Semester date: Fall 2018

College/University: Circle One: **LEE** or **CSCC**

College Course Name: \_\_\_\_\_

Days the class meets: \_\_\_\_\_

Time the class meets: \_\_\_\_\_