

Early College Credit Program Application (ECCP)

I. STUDENT INFORMATION

This section completed by student / parent

| | |
|---|---|
| Student Name <i>First, Middle, Last</i> | Student's Birth Date <i>Mo./Day/Yr.</i> |
|---|---|

Student Phone *Area/No.*

Student Email

| | |
|---------------------------------------|-----------------------|
| Parent/Guardian Phone <i>Area/No.</i> | Parent/Guardian Email |
|---------------------------------------|-----------------------|

| | |
|-----------------------------|---------------------------|
| High School Student Attends | Projected Graduation Year |
|-----------------------------|---------------------------|

| | | |
|--|---|---|
| College(s) to Which You Are Applying For | Grade Student Will be in When Taking These ECCP Courses <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 | Number of Youth Options/ECCP Earned to Date |
|--|---|---|

Semester for which applying: Spring Summer Fall

| | | | | II. BOARD ACTION | | | |
|--------------------------|---------------------|-----------------------|------------------------|-------------------------------|--------------------------|--------------------------|--|
| | | | | Completed by HS District | | | |
| Check if Alternate | College Course Name | College Course Number | No. of College Credits | Comparable HS Course Offered? | Approved for HS Credit | No. of HS Credits | |
| | | | | Yes | No | | |
| <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

III. STUDENT & PARENT / GUARDIAN SIGNATURES

This section completed by student / parent

STUDENT SIGNATURE—IN SIGNING THIS DOCUMENT, I acknowledge the following:

- I understand and will comply with the assurances and conditions outlined in the ECCP Board Policy and State Statute(s).
- I authorize the high school and technical college to share course and grade information.

| | |
|-----------------------------------|--------------------------------|
| Student Signature Required | Date Signed <i>Mo./Day/Yr.</i> |
|-----------------------------------|--------------------------------|

PARENT/GUARDIAN SIGNATURE—Required if student is under 18.

- I understand and will comply with the assurances and conditions outlined in the ECCP Board Policy and State Statute(s).
- I authorize the high school and college to share course and grade information.

| | |
|---|--------------------------------|
| Parent/Guardian Signature Required | Date Signed <i>Mo./Day/Yr.</i> |
|---|--------------------------------|

IV. STUDENT NAME
This section completed by student/parent

Student Name *First, Middle, Last*

V. SCHOOL BOARD APPROVAL
This section completed by district

Named student is approved to enroll for courses marked "Approved" in Section II:

Yes No. If no, indicate reason for denial:

Check if student has a record of disciplinary problems *Applies only to Youth Options applications for technical colleges.*

Name of School Board Approval Authority

Phone Area/No.

School Board Approval Authority Signature

Date Signed *Mo/Day/Yr*

➤