

EARLY COLLEGE CREDIT PROGRAM (ECCP) REQUEST FORM

TO: **School Counselor**

FROM: _____ Date submitted to school counselor: _____

*Request for spring sem. By **Oct. 1st**; request for fall sem. By **March 1st***

Early College Credit Program course request for: School Year _____ Semester: 1 or 2

***NOTES: 1) Please calculate costs using the boxes below; 2) Only one course-per university-per box; 3) If you need more spaces for more courses, please speak with the Student Services Administrative Assistant**

Course Number	Course Name	Name of College or University	List charges separately	Dept. Chair Initials	Dept. Chair (Print Name)
<i>*Information can be found on institution websites. General textbooks prices can be found on Barnes & Noble website (click on textbooks). Private institutions may require more research for tuition costs*</i>		Tuition	\$		
		Fees	\$		
		Textbooks/Materials	\$		
		Other	\$		
		Total	\$		

*NOTE: Department Chairperson's initials indicate requested course is not comparable to any course offered in the SDE.

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