**EARLY COLLEGE CREDIT PROGRAM APPLICATION**

Complete this form if you are currently enrolled in high school and wish to enroll for undergraduate courses at Lac Courte Oreilles Ojibwa Community College (LCOOCC). A separate form must be completed for each term you wish to enroll at LCOOCC through the Early College Credit Program.

SECTION I - STUDENT INFORMATION (TO BE COMPLETED BY STUDENT)

Applying for:  Fall Semester  Spring Semester  Summer Session 20\_\_\_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial: \_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (mm/dd/yyyy):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ High School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated Year of Graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I certify that the information in this application is true and complete to the best of my knowledge. I understand that inaccurate information may affect my eligibility to enroll. If I enroll with LCOOCC, I will abide by all regulations, policies and procedures. I also understand that courses taken at LCOOCC will become part of my permanent college record and may affect my subsequent eligibility for admission to post-secondary institutions. I authorize LCOOCC to provide information about my course registration, grades and attendance to my high school, school district administrator and school board.*

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Student Applicant Signature & Date Parent/Guardian Signature & Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Printed Name

SECTION II - COURSE INFORMATION (TO BE COMPLETED BY STUDENT WITH HELP FROM COUNSELOR)

|  |  |  |  |
| --- | --- | --- | --- |
| Course(s) Intending to Take | Course Number | # of Credits | District Approval (Completed by School District) |
| 1. |  |  |  Yes  No |
| 2. |  |  |  Yes  No |
| 3. |  |  |  Yes  No |
| 4. |  |  |  Yes  No |

SECTION III – TO BE COMPLETED BY THE SCHOOL DISTRICT APPROVAL AUTHORITY/HIGH SCHOOL COUNSELOR/PRINCIPAL

This student has the permission of the high school administration to enroll in the above listed courses at LCOOCC.

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School District Approval Authority & Date High School Counselor/Advisor Signature & Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name (Counselor) School Email Address (Counselor) Phone Number (Counselor)