



# Concurrent Enrollment AVP Program Application

11/29/16

Student Name \_\_\_\_\_ PPCC S# \_\_\_\_\_

Program Title \_\_\_\_\_

Please return this application to the High School Counseling Office by \_\_\_\_\_

Thank you for your interest in the AVP program. Program acceptance may be based on ICAP, student conduct, attendance, grades, teacher input, and student/parent interviews. Students with current grades below "C" for the current or prior semester may not qualify.

Students who are accepted into the program will receive a letter of acceptance, D49 CE Expectations/Tuition Repayment Agreement, Student Driver Contract, Travel Meals information, and D49 Shuttle Student-Parent Agreement for those riding the free bus shuttle to the program.

*Note: Submitting this application does not mean acceptance into the program.*

Student Email \_\_\_\_\_ Student Cell \_\_\_\_\_

Parent Email \_\_\_\_\_ Parent Cell \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Will this be your second year in this program? Yes No

Which best describes your post-secondary plans:

- |   |   |
|---|---|
| <input type="checkbox"/> Trade or Technical School    | <input type="checkbox"/> 2-year college |
| <input type="checkbox"/> Workforce                    | <input type="checkbox"/> 4-year college |
| <input type="checkbox"/> Military                     |   |
| <input type="checkbox"/> Other - please specify _____ |   |

**Required Documents:** *Attach the following documents to this AVP Program Application*

- **Test Scores:** Accuplacer, CCPT, SAT, or ACT test scores
- **Request to Release Confidential Information** *for students in need of accommodative services in the college setting.*

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*

*On the back of this form, please describe yourself and explain why you would be a good candidate for this program. Return this completed form to your high school counselor.*

**I would be an excellent candidate for this program because...**

---

---

---

---

---

---

---

---

---

---

---

***For Office Only:***

**Date Received** \_\_\_\_\_

**Attendance/Discipline** \_\_\_\_\_

---

---

**Student Denied due to** \_\_\_\_\_

---

---

**Recommended Student Corrective Action** \_\_\_\_\_

---

---

<b>Approved</b>	<b>Denied</b>
-----------------	---------------

---

*Counselor Signature*

Date

***Follow Up:***

Date Student Contacted of Status: \_\_\_\_\_

Person Contacting Student: \_\_\_\_\_