



Concurrent Enrollment Career Start Application

01/16/18

Student Name _____ PPCC S# _____

Program of Interest _____

Please return this application to the High School Counseling Office by _____

Thank you for your interest in the PPCC Career Start program. Program acceptance may be based on ICAP, student conduct, attendance, grades, teacher input, and student 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 D49 bus to the PPCC Centennial Campus.

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 application*

- **Test Scores:** Accuplacer, 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 or advisor.

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 _____

Approved	Denied
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Counselor/Advisor Signature

Date

Follow Up:

Date Student Contacted of Status: _____

Person Contacting Student: _____