

Student Name: _____ Central Piedmont ID: _____
 (First) (Last) (MI)

Student Email: _____ Student Phone: _____

Pathway I: _____ Pathway Code: _____

Pathway II: _____ Pathway Code: _____

Students can choose 1-2 career technical pathways, 1 college transfer pathway, or 1 college transfer pathway and 1 career technical pathway.

Semester of Enrollment: Summer 2022 Fall 2022 Spring 2023

Date of Birth: ____/____/____
 Month Day Year

Projected High School Graduation Date: ____/____/____
 (This date may NOT be extended) Month Year

<p>Are you currently a Career & College Promise student? (Check One) <input type="checkbox"/> New <input type="checkbox"/> Returning</p> <p>Is this a program change request update from already submitted paperwork for the indicated semester? (Check One) <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Grade Level at the beginning of the term in which you are enrolling for Career & College Promise: (Check One) <input type="checkbox"/> Junior <input type="checkbox"/> Senior</p>	<p>What type of NC High School does this student attend? (Check One) <input type="checkbox"/> Charter <input type="checkbox"/> Homeschool <input type="checkbox"/> Private <input type="checkbox"/> Public High School Name and Address: _____ _____ _____</p> <p>What is this student's unweighted high school GPA? (Fill in blank) _____</p> <p>Please indicate which test scores (if any) are included with this submission. (Check One) <input type="checkbox"/> PACT/ACT <input type="checkbox"/> PSAT/SAT <input type="checkbox"/> RISE <i>For benchmark score requirements, click here.</i></p>
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Principal/Designee:

If the student's unweighted GPA is below 2.8, please state why you recommend the student for the selected CTE pathway.

By signing this form, the Principal/Designee certifies the above named student is eligible for the Career & College Promise program at Central Piedmont Community College and has my permission to participate.

Principal/Designee's Signature _____ Date _____

Students:

By signing this form, I understand that the State of NC only pays for tuition and I am responsible for ALL associated college fees and books/materials for any courses taken. I understand fees must be paid two business days before the start of the semester and if fees aren't paid my classes will be dropped. I understand that I cannot register for classes outside of my pathway until my pathway is complete.

Student's Signature _____ Date _____

Parent/Guardian:

By signing this form, I understand that the State of NC only pays for tuition and my student is responsible for ALL associated college fees and books/materials for any courses taken. I understand fees must be paid two business days before the start of the semester and if fees aren't paid classes will be dropped. I understand that my student cannot register for classes outside of their pathway until their pathway is complete.

Parent/Guardian's Signature _____ Date _____

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- All submitted documents are legible
 - High school transcript lists grade level, year, and graduation date
 - All blanks on this form are filled/checked
 - High school transcript is signed
 - Full test score reports are submitted (*when needed*)
 - Homeschool verification card is included (if applicable)

