CENTRAL PIEDMONT
COMMUNITY COLLEGE

Career & College Promise

Pathway Approval Form Summer 2022 - Spring 2023

FRESHMAN and SOPHOMORE Student Enrollment

This form is for students at non-partner schools only

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

Student Email: _____ Student Phone: _____

Career Transfer Pathway I: _____ Pathway Code: _____

Career Transfer Pathway II: _____ Pathway Code: _____

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

Are you currently a Career & College Promise student?

(Check One) ☐ New ☐ Returning

Is this a program change request update from already submitted paperwork for the indicated semester?

(Check One) ☐ No ☐ Yes

Grade Level at the beginning of the term in which you are enrolling for Career & College Promise:

(Check One) ☐ Freshman ☐ Sophomore

What type of NC High School does this student attend?

(Check One) ☐ Charter ☐ Homeschool ☐ Private ☐ Public

High School Name and Address:

_____

_____

_____

Please indicate which test scores are included with this submission.

☐ End of Course - Math I & End of Grade - Language Arts

-or-

☐ PACT/ACT ☐ PSAT/SAT ☐ RISE (Check One)

For benchmark score requirements, click here.

Principal/Designee:

Please state why you recommend this student for the selected 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** _____

Packet Checklist - *When submitting CCP paperwork, use this checklist to avoid commons errors which may cause your application to be delayed.*

☐ All submitted documents are legible
☐ All blanks on this form are filled/checked
☐ Full test score reports are submitted
☐ Principal/Designee's rationale is included
☐ High school transcript lists grade level, year, and graduation date
☐ High school transcript is signed
☐ Math 1 grade is listed on transcript
☐ Homeschool verification card is included (if applicable)

Please email this form, with all supporting documents to **ccp@cpcc.edu** Visit our website for more information: **cpcc.edu/programs/dual-enrollment**