

GUIDANCE DEPARTMENT AUTHORIZATION FORM

(To be completed by the Guidance Counselor or an Authorized Homeschool Representative each semester)

First Name: _____ Last Name: _____ 900# _____

Current Grade: Freshman Sophomore Junior Senior Year of Graduation: _____

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Is a first time Dual Enrollment participant? Yes No

Has the student completed an application for current academic year? Yes No

Guidance Counselor or A.H.R. (Print)

Signature

Date

A signature attests to the accuracy of the information provided, including course(s) selection.

Phone: _____ Email: _____ Waiver Requests: _____ of _____

High School Transcripts must be attached.

Courses to be Registered for: All In order of preference

Term: Fall Spring Summer

CRN	Course	No.	Sect.	Title	Credits	Day	Time
12345	ENG	101	ABC	English Composition 1 Example	3	Online	TBD

CRN	Course	No.	Sect.	Title	Credits	Day	Time

*** Students should designate an alternate course in the event their first-choice course is full or cancelled.*

Please Do Not Write Below This Line

For Office Use Only

Grant Funded Access Academies Self-Pay Bristol Dependent Pell Experiment Contract Course

HS GPA: _____ BRISTOL GPA: _____

If the student does not meet the GPA, a request to waive the GPA requirement has been submitted: Yes: _____ No: _____

Signature (BCC Administrator): _____ Date: _____