



CAREER AND COLLEGE PROMISE

STUDENT ENROLLMENT VERIFICATION FOR NC PUBLIC SCHOOLS

9th and 10th Grader College Transfer Pathway Participation

Student Information

Last Name: _____ First Name: _____ MI: _____

Address: _____

DOB: _____ Current Grade: _____ Phone #: _____

Email: _____

School District: _____

High School: _____

PowerSchool #: _____

Student/Family Agreements

I am interested in enrolling in dual enrollment with the NC Community College System. My participation aligns with my post-secondary plans. I will participate in advising so I understand the potential benefits and also some of the potential challenges with enrolling in dual enrollment courses.

Student Signature: _____ Date: _____

I understand that my child will receive academic advising from the high school and the community college. I give permission for my child to participate in the dual enrollment program. I permit the college to communicate my student's progress to the high school/district to support my child's success.

Parent/Guardian Signature: _____ Date: _____

Parent Name: _____

Best Email: _____

Best Phone: _____



FOR DISTRICT/SCHOOL USE

AIG Verification

Verification by Local AIG Coordinator (Applicable for LEAs and select Charters)

AIG Coordinator Name:

Email:

Signature:

Date:

Student is identified at least as academically gifted in math and reading. [Per NCDPI, this also satisfies English identification.]

YES

NO

School-Level Eligibility Verification

Verification by Principal or Designee

Name:

Date:

Signature:

Role:

Email:

The student meets the eligibility requirements for CCP by demonstration of college readiness in English, reading, and math on an approved assessment.

Academic advising has been provided by the high school.

Student has the maturity to support admission to community college.
Provide rationale for justification:

FINAL DISTRICT/SCHOOL EVALUATION:

Student is approved to move forward to the local community college.

Student does not meet the eligibility verification criteria.

Date:



FOR LOCAL COMMUNITY COLLEGE USE

Verification by CC President, Chief Academic Officer, or Chief Student Development Officer

Name:

Date:

Signature:

Role:

Email:

The student has been provided academic advising by the community college.

The student has the maturity to justify admission to the community college.
Provide rationale:

The student plans to enroll in the following College Transfer Pathway:

This form will be shared/reviewed with parents.

Decision shared with parents/guardian on _____ .

By: