ACCELERATED HIGH SCHOOL STUDENT PROGRAM CERTIFICATION

CALHOUN COMMUNITY COLLEGE

DUAL ENROLLMENT OFFICE P.O. Box 2216 Decatur, AL 35609 256.306.2500

Student's Name _____ **BIRTHDATE OR Calhoun A#**_____

High School _____

This is to certify that the above named student has completed 10th grade, has a minimum cumulative GPA of 3.0, and is recommended for participation in the Accelerated High School Porgram at Calhoun Community College

_____
Principal or his/her designee

NOTE: The student has completed the high school prerequisites for the courses in which he/she wants to enroll. An approval form must be submitted for each term of enrollment.

FOR ADMISSIONS OFFICE USE ONLY

Date Updated:_____ **Updated By:** _____

Note: _____

(REV 1/18)