HIGH SCHOOL PARTNERSHIP PROGRAM OVERVIEW

The High School Partnership Program (HSP) is a unique program designed to provide eligible high school juniors and seniors, from NCCC's service region, the opportunity to participate in a maximum of two (2) college courses each semester. HSP courses are offered on a space-available basis at no charge.

Students with a "B" average are eligible to apply for the HSP. Final selection will be based on the recommendation of the high school counselor/program coordinator and the principal. All students must meet all required prerequisites for the course/s they wish to take. In addition, students must pay for all required course textbooks, supplies, and transportation.

All HSP materials must be received by:

November 15th for Spring Semester Courses June 15th for Fall Semester Courses

SUBMISSIONS RECEIVED AFTER THE NOTED DEADLINES WILL NOT BE CONSIDERED.

For high school students applying for the High School Partnership (HSP) Program:

- 1. Discuss the HSP program with your high school counselor to determine your eligibility.
- 2. If eligible, complete the registration form. <u>All forms must be completed or they will not be processed</u>. Submit the form to high school counselor prior to deadline date.
- 3. A letter will be sent to your home address notifying you that NCCC has received your HSP registration form and that you must schedule a time to take the placement test.
- 4. On a designated date you will meet with an academic advisor and register for classes based on your placement test scores.
- 5. You will be required to purchase the course textbooks prior to the course start date.

Terms of Acceptance

I understand that if I do not meet the criteria set forth by the High School Partnership Program, I will not be considered for entry. I also understand that I may withdraw from the High School Partnership Program (a completed withdrawal form is required and must be submitted to the Registrar's Office at NCCC by the College's deadline). If I do not submit a withdrawal form by the College's deadline it will result in receiving an "F" for the course and this may impact future eligibility for financial aid.

I agree to the terms noted above and hereby declare my intention to participate in the High School Partnership Program offered by NCCC.

Student Signature:	Date:
Parent/Guardian Signature:	Date:
High School Counselor Signature:	Date:

HIGH SCHOOL PARTNERSHIP REGISTRATION FORM

Semester:	🗆 Fall 🗆 Spring Ye	ar: 20			
Social Security Number:(REQUIRED)		Date of Birth:			
	(LAST) :	(FIRST)	(MID		
(CITY)		(STATE)	(ZIP)		
Home Phone:		P	arent's Work Phone:		
Student Email	Address:				
High School: _			Graduation Year:		
Gender:	MaleFemale	Citizenship:	 US Citizen Student Visa Permanent Reside 		□ Yes □ No
🗆 NO	panic/Latino N-Hispanic/Latino oose Not to Respond	Race:	 White (10) Black or African American (20) Asian (45) American Indian or Alaska Native (50) Other (90) Choose Not to Respond (60) 		

HIGH SCHOOL PARTNERSHIP COURSE REGISTRATION REQUEST Number of courses you want to take this semester _____ (1 or 2?)

	CRN	Course Number	Course Title	Credits
1 st Choice				
2 nd Choice				
3 rd Choice				
4 th Choice				

HIGH SCHOOL TO COMPLETE: STUDENT SASID: _____

NCCC Student ID: @

Registrar's Initials: _____ Date: _____ Admit Type: 09 Waiver: HSP Total Credits: _____