HIGH SCHOOL PARTNERSHIP PROGRAM INFORMATION

The High School Partnership Program (HSPP) 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. HSPP courses are offered on a space-available basis at no charge.

Students with a “B” average are eligible to apply for the HSPP. Final selection will be based on the recommendation of the high school counselor/program coordinator and the principal and space availability prior to the start of the semester. 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 HSPP 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 the high school students applying for the High School Partnership Program (HSPP):

1. Discuss the program with your guidance counselor to determine your eligibility.
2. If eligible, complete the registration form. No form will be processed if incomplete.
3. A letter will be sent to your home address notifying them that NCCC has received your HSPP registration form and that you must schedule a time to take the placement test. You may submit SAT scores if you received a 510 in math and 460 in reading and writing (or higher).
4. On a designated date you will meet with an academic advisor and register for classes based on your placement or SAT test scores.
5. You will be required to purchase the course textbooks prior to the course start date.
6. Contact our Accessibility/Disability Coordinator at dhuddart@nwcc.edu if you have a documented disability and need any kind of accommodations.

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 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: _________________

Please keep a copy of this application for your records
HIGH SCHOOL PARTNERSHIP REGISTRATION FORM

Semester:  □ Fall  □ Spring  Year: 20_______

Social Security Number: ___________________________ Date of Birth: ___________________________ (REQUIRED)

Name: _______________________________________________________________________________________

(LAST)    (FIRST)    (MIDDLE)

Street Address: _______________________________________________________________________________________

(CITY)     (STATE)    (ZIP)

Home Phone: ___________________________ Parent’s Work Phone: ___________________________

Student Email Address: _______________________________________________________________________________

High School: ___________________________________________________ Graduation Year: ____________________

Gender:  □ Male  Citizenship:  □ US Citizen  CT Resident:  □ Yes

□ Female  □ Student Visa  □ No

□ Permanent Resident

Ethnicity:  Race:  □ Hispanic/Latino  □ White (10)

□ NON-Hispanic/Latino  □ Black or African American (20)

□ Choose Not to Respond  □ 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?)

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HIGH SCHOOL TO COMPLETE:  STUDENT SASID: _____________________________________________

NCCC to complete  NCCC Student ID: @_______________________

Registrar’s Initials: _______ Date: _______________ Admit Type: 09  Waiver: HSP  Total Credits: ____

Please keep a copy of this application for your records

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