

College Credit Plus Course Authorization Form

THIS FORM MUST BE COMPLETED BY THE HIGH SCHOOL PRINCIPAL, COUNSELOR, OR AUTHORIZED OFFICIAL

Student Last Name, First _____ LCCC Student ID# _____

This student's current grade standing is (check one): 6th Grade 7th Grade 8th Grade Freshman Sophomore
 Junior Senior

This student is participating in: (Check all that apply)

College Credit Plus (Government Paid)

Credit-In-Escrow (Student Paid)

Credit-In-Escrow (Academic Year)

Credit-In-Escrow (Summer Only)

Home Educated

Non Public

I authorize this student to pursue LCCC classes during the following term:

Summer _____ (year)

Fall _____ (year)

Spring _____ (year)

**To assure each student does not exceed
full-time status, calculate full-time status as follows:**

1. Determine student's number of high school ONLY units
2. Multiply that number by 3
3. Subtract the result from the number 30

Number of credit hours student is eligible to enroll at LCCC for the academic year _____

I authorize the student to enroll in the following courses, provided the student has placed appropriately via Accuplacer, COMPASS, ACT, or SAT and has met any necessary course pre-requisites:

Course (Course prefix and number, if known)	Needed for HS graduation? Y or N	Course Substitutions (This form CANNOT be used for withdraws)	
		COURSES TO BE DROPPED	COURSES TO BE ADDED
	Y or N		
	Y or N		
	Y or N		
	Y or N		
	Y or N		
	Y or N		

I authorize that LCCC may make changes in this student's class selection if the course is not required for graduation without prior approval. LCCC will notify the school of any changes.

Official's Signature _____

Title _____

School _____

Date _____

This form must be given to an LCCC advisor or counselor to schedule classes for each term enrolled.