



HIGH SCHOOL AUTHORIZATION FORM ACCELERATED HIGH SCHOOL/DUAL ENROLLMENT/DUAL CREDIT PLAN

This form is to be used by high school students who are applying for Accelerated High School/Dual Enrollment/Dual Credit programs in area school systems and Lawson State Community College (LSCC). Eligible students are permitted to enroll in college courses conducted during school hours, after school hours and during summer terms. Courses offered shall be drawn from Lawson State's existing academic inventory or courses for credit. Courses numbered below 100 are not eligible under this plan. Lawson State reserves the right to cancel course offerings when courses do not meet minimum enrollment requirements.

TO THE PRINCIPAL/COUNSELOR:

The student named below is applying for admission to the Accelerated High School/Dual Enrollment/Dual Credit Programs at Lawson State Community College. We therefore ask for careful ratings of and comments about his/her character and ability by a school official who knows him well. The information will be treated confidentially.

Please attach this form to any legible transcript of the applicant's record, which your school currently uses. Include any test scores that are available.

Intellectual Ability and Achievement

How would you rate the candidate as to academic ability and motivation?

Ability:	<input type="checkbox"/> Poor	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average
	<input type="checkbox"/> Above Average	<input type="checkbox"/> Excellent	<input type="checkbox"/> Superlative
Motivation:	<input type="checkbox"/> Poor	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average
	<input type="checkbox"/> Above Average	<input type="checkbox"/> Excellent	<input type="checkbox"/> Superlative

Recommendation

I hereby recommend _____, a student enrolled at _____ High School, who is currently classified as a high school _____, and meets all Accelerated High School/Dual Enrollment/Dual Credit eligibility requirements as set out by the Alabama State Board of Education, the _____ School Board, and _____ High School.

I request that _____ be approved for Dual Enrollment/Dual Credit.

This the _____ day of _____, _____.

Principal/Counselor

Parent/Guardian