



ACCELERATED HIGH SCHOOL STUDENT FORM

Letter of Recommendation

An application for admission must be on file prior to enrollment. Students must meet all admission requirements as determined by the College. Students must meet all prerequisites for classes prior to enrollment.

This letter is to certify that:

_____ Student Name

_____ Shelton State Student ID Number

_____ Student Date of Birth

has completed the 10th grade at _____ High School. This student currently maintains at least a "B" (3.0 out of 4.0 GPA) overall average and has my permission to enroll in classes at Shelton State Community College for the _____ Semester of 20_____.

_____ Student Signature

_____ Date

_____ Headmaster/Principal/Designee Signature

_____ Date

NOTE: This letter of recommendation is good for **one semester only**. If a student wishes to re-enroll during subsequent semesters, he or she must provide a new letter of recommendation for each semester. Shelton State Community College will not officially award college credit to accelerated high school students until proof of high school graduation (official transcript with graduation date) is provided.

PERMISSION TO RELEASE RECORDS

(Optional)

The Family Educational Rights and Privacy Action (FERPA) affords certain rights to students concerning the privacy of, and access to, their education records. For more information, you may visit, <http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>.

Shelton State Community College is hereby allowed to release my education records to the High School listed above and/or to my parents and/or guardians, under the terms of dual enrollment/dual credit. I understand that Shelton State Community College will not release my official transcript to any other party until I have graduated from high school.

_____ Student's Signature

_____ Date

FOR OFFICE USE ONLY:

_____ Enrollment Services Staff

_____ Date