High School Joint Enrollment Program
Approval Form
(Used for Summer Semester and non-HOPE eligible schools)

If accepted in Columbus State University's High School Joint Enrollment/Early Admission Program, I understand that I must obtain approval from the high school for each semester I wish to attend Columbus State and that I may enroll only in the courses(s) listed below.

_____ _____
Student's Name (Print) Date

_____ _____
Student's Signature Student's Social Security Number

Parental Approval:

I am familiar with Columbus State's High School Joint Enrollment/Early Admission Program and give my approval for my daughter/son to participate in the program.

_____ _____
Parent's/Guardian's Signature Date

Approval of High School:

The student named above has a minimum academic GPA of 3.0, has a total SAT score of 970 or above with a minimum of 490 CR and 460 math or a ACT composite score of 20 or above with a minimum of 20 English and 19 math, is scheduled to complete the requirements for the College Preparatory Curriculum by the end of the senior year, and is recommended for Columbus State's High School Joint Enrollment/Early Admission Program. This student is approved to enroll for the following semester

_____.
Semester Year

This student is approved to enroll in the following course(s):

_____ _____ _____

_____ _____ _____

_____ _____
Signature of Principal Date Signature of Counselor Date