

**High School Joint Enrollment
Approval Form
(Summer Semester Only)**

If accepted into Columbus State University's High School Joint Enrollment/Early Admission Program, I understand that I must obtain approval from the high school for Summer semester 20__ and I may only enroll in courses approved by my High School Counselor.

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. I understand that Accel/HOPE provides no funds during the Summer semester and that I am responsible for all expenses associated with CSU enrollment.

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 Summer Semester 20____.

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

Counselor's Signature

Date