



ACCELERATED HIGH SCHOOL STUDENT PROGRAM CERTIFICATION

Student's Name: _____ **Birthdate:** ____/____/____
First Middle Last MM DD YYYY

SU Student ID #: _____ **Name of High School:** _____

Semester (Check One): Fall Spring Summer **Year:** 20____

Requested SUSCC Course(s):

Course Prefix	Course Number	Course Name	Credit Hours

_____ _____
Student's Signature **Date**

This is to certify that the student named above has completed 10th grade, has a minimum cumulative GPA of 3.0 or higher, and is hereby recommended for participation in the Accelerated High School Program at Southern Union State Community College, and is granted permission to enroll in the courses listed above.

_____ _____
Principal/Headmaster/Designee Signature **Date**

NOTE: This certification is valid for **one term only**. Students wishing to re-enroll in subsequent terms must provide a new certification form each term.

RELEASE OF ACADEMIC RECORDS (Optional)

According to the Family Educational Rights and Privacy Act of 1974 (FERPA), all rights of access to a student's educational records transfer from the parent(s) to the student when a student becomes 18 years of age OR is enrolled in a postsecondary institution at any age. In order to comply with the requirements of FERPA, Southern Union State Community College shall obtain written consent from the student before disclosing any personally identifiable information from their educational records.

I hereby authorize Southern Union State Community College to disclose all educational records to the individuals listed below:

Name: _____ *print legibly* **Relationship:** _____

Name: _____ *print legibly* **Relationship:** _____

_____ _____
Student's Signature **Date**