



***High School Partnership Program
Initial Applicant Recommendation Form***

Student's Name: _____

Student's Address: _____

(Number and Street)

(City)

(State)

(Zip Code)

High School: _____

1st semester course recommendation: _____

Semester: (Circle One) FALL SPRING Academic Year: _____

Briefly explain why you think this student should participate in the High School Partnership Program at Capital Community College:

(Please print name and include position)

(Signature)



Continued Participation Form

2nd Semester course recommendation: _____

Semester: (Circle One) FALL SPRING ACADEMIC YEAR: _____

I recommend this student. This student is in good standing with his/her institution and is currently maintaining an 80% scholastic average in their course work.

(Please print name and include position)

(Signature)

3rd Semester course recommendation: _____

Semester: (Circle One) FALL SPRING ACADEMIC YEAR: _____

I recommend this student. This student is in good standing with his/her institution and is currently maintaining an 80% scholastic average in their course work.

(Please print name and include position)

(Signature)

4th Semester course recommendation: _____

Semester: (Circle One) FALL SPRING ACADEMIC YEAR: _____

I recommend this student. This student is in good standing with his/her institution and is currently maintaining an 80% scholastic average in their course work.

(Please print name and include position)

(Signature)