

**GUIDANCE DEPARTMENT AUTHORIZATION FORM**

**(To be completed by the Guidance Counselor or an Authorized Homeschool Representative each semester)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ 900# \_\_\_\_\_

Current Grade:  Freshman  Sophomore  Junior  Senior Year of Graduation: \_\_\_\_\_

SASID 10 Digit #: \_\_\_\_\_ High School G.P.A.: \_\_\_\_\_

Career Vocational Technical Education Program:  Yes  No Program Name: \_\_\_\_\_

This student is participating in:  Early College  CAP  TRiO: ETS or Upward Bound

Is a first time Dual Enrollment participant?  Yes  No

Has the student completed an application for current academic year?  Yes  No

\_\_\_\_\_  
Guidance Counselor or A.H.R. (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

A signature attests to the accuracy of the information provided, including course(s) selection.

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Waiver Requests: \_\_\_\_\_ of \_\_\_\_\_

High School Transcripts must be attached.

**Courses to be Registered for:**  All  In order of preference

Term:  Fall  Spring  Summer

CRN	Course	No.	Sect.	Title	Credits	Day	Time
12345	ENG	101	ABC	English Composition 1 Example	3	Online	TBD

Alternate or  Additional Course

CRN	Course	No.	Sect.	Title	Credits	Day	Time

*\*\* Students should designate an alternate course in the event their first-choice course is full or cancelled.*

**Please Do Not Write Below This Line**

**For Office Use Only**

Grant Funded  Access Academies  Self-Pay  Bristol Dependent  Pell Experiment  Contract Course

HS GPA: \_\_\_\_\_ BRISTOL GPA: \_\_\_\_\_

If the student does not meet the GPA, a request to waive the GPA requirement has been submitted: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Signature (BCC Administrator): \_\_\_\_\_ Date: \_\_\_\_\_