

## **High School Authorization Form Accelerated/Dual Enrollment High School Program**

High School Name:	Principal Name:
Address:	
City: State: Zip:	
High School Phone Number:	
Student Name:	Date of Birth:
Student Present Overall GPA:	Last 4 digits of SSN:
Student Expected Graduation Date:	
addition to college credits with the permission of the surgulations of the University as well as its rights and procourses in any academic field in which the student has Accelerated students must maintain a "C" average or but hereby certify that the above named student meets all Accelerated.	better beginning with ninth grade work. de before enrolling as accelerated students. ization Form. School application to the University.  anted by the school system. High school units may be earned in uperintendent. Accelerated students are subject to all rules and rivileges. Accelerated students may register for 100 or 200 level completed high school requirements and/or prerequisites. better in all attempted coursework and a "B" average in high school elerated High School and/or Dual Enrollment/Dual Credit eligibility ation and above listed high school. I request that this student be approved
Principal or Counselor Name (type or print)	Principal or Counselor (signature)
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Please email to: corescholars@jsu.edu

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