

ASCENT Agreement and Registration Form

You have indicated that you are interested in enrolling in the 5th year ASCENT program. This program allows you to take a full schedule of college course work (academic or career and technical education courses, which may include course work related to apprenticeship programs or internship programs) immediately following your senior year of high school.

Persons under twenty-one years of age, who have completed 9 credit hours of transcribed, credit-bearing, postsecondary coursework (remedial/developmental education college courses do not qualify as part of the 9 required credits), and do not need remediation in their selected pathway, are eligible for this program. To enroll at an eligible post-secondary institution a student must have completed the minimum course prerequisites and all required assessments. International students attending high school on an F1 Visa are not eligible for ASCENT.

Section A: To be completed by student (PLEASE PRINT)

Name of Student: _____ Term: _____
 Postsecondary Student ID #: _____ SASID #: _____ School District ID: _____
 Address: _____ City: _____ Zip: _____
 Phone: _____ Email: _____
 Date of Birth: _____ Age: _____ Current Grade in School: _____
 Currently Attending (high school): _____
 College Planning to Attend: _____
 Name of Parent/Guardian: _____

List course work completed by the end of senior year

Subject	Course Number	Title	Credit Hours	Course Location (H.S./College)	Counselor Initials
MAT	120	Math for Liberal Arts (EXAMPLE)	4	College	TBD

List course work intended to be taken in the 5th year

Subject	Course Number	Title	Credit Hours	Course Location (H.S./College)	Counselor Initials
MAT	120	Math for Liberal Arts (EXAMPLE)	4	College	TBD

Alternative if class(es) are not available

Attention Student: Prior to adding, dropping, or withdrawing from a class, you must see your **college advisor and high school counselor**.

Attention Student and Parent or Guardian: Your signature indicates that you wish the above-named student to participate in the ASCENT Program and agree to the following:

- That advice and counsel regarding such participation has been received from your current high school.
- **Please be aware** that grades from any college courses you take through Concurrent Enrollment/ASCENT will be posted to both your high school and college transcript. Courses that you withdraw from, fail to complete, or receive a non-passing grade in may affect your ability to be accepted to or receive financial aid from that college in the future.
- The course(s) fits with your Individual Career & Academic Plan (ICAP).
- In compliance with the Family Educational Rights and Privacy Act (FERPA) of 1974 and the Colorado's Student Data Transparency and Security Act, the Student gives _____ (*write in name of Local Education Provider*) and _____ (*write in name of institution of higher education*) permission to exchange any of my academic records and student/personal information pertinent to my participation in the ASCENT/Concurrent Enrollment Program, including but not limited to records/information of absences and disciplinary issues, grades, transcripts, in progress grades, class schedules, and billing information.
- The signatures indicate authorization of my College Opportunity Fund (COF) to the College. I authorize the High School/School District to release my SASID # to the college for the purpose of COF, at institutions which receive COF funding.

Section B: To be signed by student and student's parent/guardian

I understand that this agreement entitles me/my child to enroll in college courses. I understand the following:

1. I will meet the same course expectations and prerequisites as college students, as noted in course catalog and/or syllabus.
2. The course satisfies college degree or certificate and is in line with my ICAP.
3. Course credits may transfer if I earn a C or better in a Guarantee transfer course or accepted by post-secondary institution.
4. The grade received in this course will appear on my official high school and college transcript.
5. If I withdraw from the course at the postsecondary institution after the drop/add date, I will receive a W or F on my college transcript.
6. Regarding college activities, qualified students may participate in activities but are not eligible for NCAA athletic activities.
7. I will need to register for College Opportunity Funding (COF) and I understand the college-level credits earned will be deducted from my COF lifetime account (at institutions of higher education that receive COF funding).
8. I understand I may only enroll in Guarantee transfer courses and/or courses which apply to a specific pathway.
9. I understand the school district/charter school will hold my high school diploma until I have completed the ASCENT program.
10. Students who wish to enroll in college classes the summer immediately following their senior year must pay their own tuition.

In signing this agreement, I authorize the college to release my transcript to my school district/charter school at the end of the course and agree to all information under Sections A and B.

Student Signature and Date: _____

Parent/Guardian Signature and Date: _____

Deliver this form to your high school counselor.

This agreement is student and college specific. A separate agreement and college application must be completed for each eligible postsecondary institution that the high school student plans to attend.

Section C: Student Eligibility: To be completed by High School counselor/principal. Check all that apply.

- This student is under 21 years of age.
- This student has successfully completed 9 credit hours of transcribed, credit-bearing, college-level postsecondary coursework during high school.
- This student is currently in the 12th grade.
- This student does not need any remediation courses.

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Section D: School District/Charter School and College Approval

Approval of School District/Charter School

The School District/Charter School agrees to pay the tuition for _____ credits.

Name of High School: _____

Name of School District or Charter School Authorizer: _____

Comments: _____

Principal (or designee) Printed Name: _____ Title: _____

Principal (or designee) Signature: _____ Date: _____

Superintendent (or designee)/Charter School Authority Printed Name: _____ Title: _____

Superintendent (or designee)/Charter School Authority Signature: _____ Date: _____

Approval of College Administrator

Name of College: _____

Comments: _____

Printed Name: _____ Title: _____

Signature: _____ Date: _____