



TERM:
 FALL
 SPRING
 SUMMER I
 SUMMER II

Early College Program Student Agreement

I, _____ wish to apply for the Early College Program at Hudson County Community College.
 (Print Name Here)

I understand and agree to the following terms of enrollment in the Early College Program:

(Please initial if you understand all terms)

- _____ I am or will be a junior or senior high school student in good academic and disciplinary standing.
- _____ I understand that I will be registered as a non-degree seeking, part-time student enrolled in a credit-bearing college level course and that a record of college credit in the form of a HCCC transcript will be recorded.
- _____ I understand that I must attend all required orientation and in-person advisement and registration appointments.
- _____ I understand that I am responsible for the payment of all tuition and fees.
- _____ I understand that I will be held to the HCCC Academic Calendar and Class Refund Schedule if I choose to withdraw from a class and that a mark of W will be placed on my transcript.
- _____ I understand that I may not use the course(s) from HCCC to satisfy high school graduation requirements unless prior permission has been obtained and documented from my high school.
- _____ I understand that a grade of a C is minimally acceptable for transfer and a grade of an F will result in no credits awarded.
- _____ I understand that if I decide to transfer credits earned from HCCC to a college other than HCCC, the receiving college will determine the transferability of the credits to its degree requirements.
- _____ I agree to abide by the HCCC Code of Conduct as described in the Student Handbook as it pertains to rules and regulations governing student rights and responsibilities.
- _____ I understand that I must contact HCCC at the completion of my time in the Early College Program if I intend to continue as a matriculated degree-seeking student for my credits to be applied.

CURRENT HIGH SCHOOL RECORD			
GRADE LEVEL: <input type="checkbox"/> OTHER _____ <input type="checkbox"/> SOPHOMORE <input type="checkbox"/> JUNIOR <input type="checkbox"/> SENIOR	HS GPA:	CREDITS EARNED TO DATE	TEST SCORES SAT or ACT: Reading: Type _____ Score _____ Date _____ Writing: Type _____ Score _____ Date _____ Math: Type _____ Score _____ Date _____

I certify to the best of my knowledge that the information is correct and that false information may subject the application to be disqualified from the Early College Program at Hudson County Community College. Failure to abide by the terms of enrollment as described above will result in immediate dismissal from the Early College Program.

Student Name (Print) _____ Student's Date of Birth ____/____/____

Student Signature _____

High School _____ Graduation Year _____

High School Representative Name (Print) _____

High School Representative Signature _____

Parent/Legal Guardian's Name (Print) _____

Parent/Legal Guardian Signature _____

After completing the online application and obtaining the necessary signatures above, please return this form to your Guidance Office or by mail to:
 Hudson County Community College - Early College Program
 2 Enos Place, Room J104, Jersey City, NJ 07306