Early College Program – Student Agreement Form

Term of Entry: ☐ Fall ☐ Spring ☐ Summer 1 ☐ Summer 2

I, _____ wish to participate in the Early College Program at Hudson County Community College.

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 high school student in Hudson County or a participating high school 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 all communication with the college must be made by the student and not a parent/guardian on their behalf.**

_____ I understand that my college education records are protected under the Family Educational Rights and Privacy Act (FERPA) and that my parent or guardian may not automatically have access to these records without my authorization.

_____ I understand that I am responsible for the payment of all tuition and fees, unless participating through a school sponsorship.

_____ 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 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 the 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.

High School Grade Level (9th – 12th): _____
SAT Scores (if applicable): _____
ACT Scores (if applicable) _____

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 _____ Student Date of Birth: _____

Student Signature _____

High School _____ High School Graduation Year: _____

Parent/Legal Guardian's Name _____

Parent/Legal Guardian's Signature _____

After completing the online application and obtaining the necessary signatures above, HCST students, please return this form via email to secaucuscenter@hccc.edu. Other students, please return this form to earlycollege@hccc.edu. Forms MUST be submitted by the student and not by a parent or third party.