## Jacksonville State University High School Authorization Form Accelerated 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:		
Student Expected Graduation Date:		
<ul> <li>Applicants must submit a High</li> <li>Applicants must submit an Ac</li> <li>Dual enrollment credit for high school earned in addition to college credits with</li> </ul>	"B" average or better beg sed the ninth grade before of h School Authorization Fo celerated High School app units may be granted by the ith the permission of the su	ginning with ninth grade work. enrolling as accelerated students. rm.
for 100 or 200 level courses in any aca	demic field in which the s	tudent has completed high school requirements average or better in all attempted coursework and
STUDENT HAS GRADUATED FRO ADMISSION REQUIREMENTS TO .	M HIGH SCHOOL AND JACKSONVILLE STATE	L BE AWARDED ONLY AFTER THE HAS COMPLETED ALL FRESHMAN E UNIVERSITY. OFFICIAL TRANSCRIPTS N REQUIREMENTS ARE SATISFIED.
eligibility requirements as set out by the A	labama State Board of educa	gh School and/or Dual Enrollment/Dual Credit tion and above listed high school. I request that this ent/Dual Credit Programs at Jacksonville State
Principal or Counselor Name (type	or print)	Principal or Counselor (signature)

Please mail or fax to

CORE Scholars 700 Pelham Road North Jacksonville, AL 36265 FAX (256)782-5145