



APPLICATION FOR HIGH SCHOOL SCHOLARS PROGRAM

This form is to be completed by high school students wishing to enroll in a course at Middlesex County College in the **Fall** or **Spring** semester.

*The College Placement Test and/or official SAT scores * are required for some courses.*

Visit the MCC Testing Center's website at <http://www2.middlesexcc.edu/admissions/testing-center> for more information.

*Students may obtain their official SAT scores through the College Board website: <http://www.collegeboard.org/>

COMPLETE ALL INFORMATION BELOW (PLEASE PRINT)

SECTION I: GENERAL DATA – STUDENT INFORMATION

NAME: _____ SOCIAL SECURITY #: _____ - _____ - _____

ADDRESS: _____

Street

City

State

County

Zip Code

TELEPHONE: (_____) - _____ - _____ E-MAIL: _____

DATE OF BIRTH _____

Graduation Date

Name of High School _____

Present Grade Level

Middlesex County College course for which you are currently registering _____

Semester

Why did you decide to take a class at Middlesex County College this semester? (Please check one)

Need credits to graduate Personal enrichment Academic advancement Audit

Other : _____

SECTION II: PARENTAL APPROVAL – (To be completed by parent or guardian)

I hereby grant approval for _____, to enroll at Middlesex County College
Student's Name
for the course listed in Section I.

Parent/Guardian's Name (please print): _____

Signature: _____ Date: _____

SECTION III: HIGH SCHOOL GUIDANCE COUNSELOR APPROVAL

To the guidance counselor: **High School students** may be accepted into a part-time program of study only on the basis of academic ability and emotional maturity as attested to by the student's guidance counselor. If you support this individual's application, please sign below. Feel free to expand upon your recommendation and share any additional information with us regarding this student.

I hereby grant approval for _____, to enroll at Middlesex County College
Student's Name
for the course listed in Section I and certify that this student **is an eligible high school student** and has met the prerequisite(s) for this course.

Counselor's Name (please print): _____

Signature: _____ Date: _____