Anne Arundel County Public Schools | Office of School Counseling

Early College Access Program Application

A fillable pdf is available at www.aacps.org/html/studt/ecap.asp

AACC Student ID# (completed by AACC staff)

1. Complete application and sign the Student and Parent/Guardian Statement and submit to your counselor.
2. School Counselor completes sections A1 and A2 and submits for approval by the Principal and return to student.
3. Turn in completed form to AACC. If you have any questions, call 410-777-2243.

Student Name	SIF Number	Date of Birth	
Address	City	State MD	Zip
School		Current Grade Level	

Course Information **Year:** _____ ☐ **Fall** (August – December) ☐ **Spring** (January – May) ☐ **Summer** (May – August) ☐ **Other**

See *Approved Dual Enrollment Courses* (www.aacps.org/html/studt/earlycollege2.pdf)

AACC Program	AACC Course #	AACC Course Title	For Dual Credit Courses Only: Matching AACPS Course Title	AACPS Course #

A1. School Counselor checks & initials one choice in each column		Tuition	Initials		Dual Credit	Initials
	☐	Full tuition covered—***do not bill***		☐	Dual Credit approved	
	☐	Bill		☐	No Dual Credit	

Student & Parent/Guardian Statement

I, the student, agree to:

- comply with the policies and procedures of Anne Arundel County Public Schools ***and*** Anne Arundel Community College;
- give AACC's designated college officials permission to communicate (orally or in writing) with the high school counselor/ school official, and/or parent/guardian regarding information pertaining to academic progress and grades, and
- authorize AACC to send my grade report at the end of the term to my high school counselor.

Student's Signature ***Date***

Parent/Guardian's Signature ***Date***

A2. School Counselor's Statement

A review of the student's record indicates that he/she has made the following progress toward meeting high school graduation requirements, including all High School Assessments, and should be considered for admission to the Early Access Program at AACC.

Cumulative GPA	Days absent to date
Service Learning hours completed:	

Course(s) needed to complete his/her high school program include:

_____

_____

_____

_____

School Counselor's Signature ***Date***

Principal's Statement

Your application request has been:

☐ Approved

☐ Denied

Comments

_____

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Principal's Signature ***Date***

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