

Suffolk County Community College Early College Application

Please complete the information requested below and sign where indicated:

Personal Information (Please type)

Last Name: _____ First Name: _____ Middle Initial _____

Male ___ Female _____

Street address: _____

City: _____ Zip Code: _____

Home Phone # _____ Parent's Cell# _____

Student's Cell # _____

Student's Email Address _____

Student Soc Sec. # _____ Date of Birth. _____

Ethnicity (please circle)

- 1) Caucasian 2) African American 3) Latino 4) Asian/Pacific Islander
5) American Indian 6) Other

United States Citizen Yes ___ No ___ If no, Permanent Resident Yes ___ No ___

EMERGENCY CONTACT:

Name: _____ Phone: _____

TO BE FILLED OUT BY THE HIGH SCHOOL COUNSELOR:

High School _____ Counselor's Name _____

High School Average _____ Recommended for Early College Program Y / N

Please return this application with a copy of the high school transcript

**Suffolk County Community College
Early College Program Agreement**

Your participation in the program assumes certain obligations on the part of both the college and you as a student. The information below describes these obligations. Please review this information carefully and sign indicating your agreement with and willingness to abide by the conditions set forth. A signature of a parent or guardian is also required.

The college agrees to:

- Assign students to classes appropriate to their ability and interests and provide qualified faculty to teach such courses.
- Assist students in the scheduling of their classes
- Monitor student progress and communicate problems and issues to the students, parents, and high school as needed.
- Schedule meetings with the high school’s students and staff to determine that the program is meeting students’ needs
- Report course grades back to the high school in a timely fashion
- Integrate Early College Program students into the life of the college as much as their schedules allow
- Provide all the support services of the college as needed

The student agrees to:

- Attend all classes and arrive in the classroom before the starting time for classes
- Do the coursework (reading, homework, papers, tests, participation, etc.) at the level expected of a college student
- Behavior in a manner consistent with the college’s **Student Code of Conduct (See page 112 of the Student Handbook. <http://www3.sunysuffolk.edu/forms/Handbook.pdf>)**
- Obtain a college ID card prior to or on the first day of class and carry the card on your person whenever on campus

I agree to the above obligations as a condition of my enrollment and continued participation in the program. It is understood that violations of the above may result in disciplinary action, which could include removal from the program. I understand that all students have confidentiality rights according to the Family Educational Rights and Privacy Act (FERPA). As a condition for enrollment in this program, I specifically waive these rights and authorize college personnel to communicate academic and personal information with my parents or guardians and with appropriate school district personnel.

I have received a copy of this agreement.

Student’s Signature

Date (MM/DD/YEAR)

Parent’s Signature

Date (MM/DD/YEAR)

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Please retain this copy of the agreement for your records.
