



Early College Access Programs Consent Form

This form must be submitted to the CCBC Admissions Office before registering for classes.

Name _____ Date of Birth _____

Address _____ City _____ Zip Code _____

Phone Number _____ Email _____

Current Grade Level: 9th 10th 11th 12th

Name of High School _____ Year of Graduation _____

CCBC Location: Catonsville Dundalk Essex Hunt Valley Owings Mills Randallstown On-Location High School

Academic Year of CCBC Enrollment. _____

As an Early College Access Program student, I understand that:

1. I am responsible for the payment of books, supplies, tuition and fees (if applicable).
2. I am participating in a collegiate experience with a diverse nature and assume responsibility for behavior appropriate to this environment.
3. CCBC courses are articulated with many four-year institutions, and I will meet with an Academic Advisor to discuss the transferability of courses.
4. I am responsible for changes in my class schedule. If I wish to drop/add a class, and I will complete the drop/add process as needed.
5. I have the same rights and responsibilities as any other CCBC student.

To be eligible for participation in the Tuition Free Program, I must meet all of the following criteria:

1. Enrollment in a BCPS High School as a sophomore, junior or senior
2. Overall unweighted grade point average of 2.50
3. Enrollment in credit bearing General Education, Career Pathway or non-credit courses that lead to a certificate or credential at CCBC during the fall and spring semesters.
4. Have not exceeded enrollment in four courses in the Tuition Free Program.

As the parent, guardian or student, I understand that:

1. Full participation of the student in all course activities, including labs and field trips, is expected and permission to do so is granted.
2. Access to student progress records, grades and other information without a written release from the student is limited by federal law.
3. CCBC reserves the right to admit and enroll BCPS dual enrollment students on a case-by-case basis.

I give my permission to CCBC to release information regarding my educational experience to my high school which could include my placement test scores, course registration, grades and attendance records. As a BCPS student, I give permission to release my high school transcript, grade point average, and Free and Reduced Lunch certification to CCBC in accordance with the BCPS/CCBC Memorandum of Understanding (MOU).

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

FOR ADMISSION OFFICE USE ONLY

CCBC ID Number _____

Semester Summer Year _____ Signature _____ Date _____

Semester Fall Year _____
This student is eligible is not eligible for Tuition Free program waiver.
This student is eligible is not eligible for Tuition Free FARMS fee waiver.

Course Numbers(s) _____

Course Enrollments (including current semester) _____ Signature _____ Date _____

Semester Winter Year _____ Signature _____ Date _____

Semester Spring Year _____
This student is eligible is not eligible for Tuition Free program waiver.
This student is eligible is not eligible for Tuition Free FARMS fee waiver.

Course Numbers(s) _____

Course Enrollments (including current semester) _____ Signature _____ Date _____