



HSPP Continued Participation Application & Recommendation Form

Student Name: _____
(Last) (First) (Middle Initial)

Student Address: _____
(Number & Street)

(City) (State) (Zip Code)

Student Phone #: _____ Student E-Mail: _____

High School: _____

Capital Student/Banner ID#: _____

This student is applying for (check one): FALL SPRING Academic Year: 20 _____

Student Signature: _____ Date: _____

The above named student has completed at least one semester of the High School Partnership Program. I am recommending this student for continuance in HSPP.

I attest that this student is in good standing with his/her institution and is currently maintaining a “B” average in their high school course work.

Print Counselor/Teacher Name

Position/Title

Counselor/Teacher Signature

Date

Admissions Office Use

Application Decision:

CCC GPA: