



# 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:
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