

RUNNING START APPLICATION

Attn: Enrollment Services
2011 Mottman Road SW
Olympia WA 98512-6292
(360) 596-5241 www.spscc.ctc.edu

Print 3 copies (Student, H.S. Counselor and R.S. academic advisor)

Terms of Agreement

1. For enrollment in the Running Start Program, I understand that reimbursement for **only-college-level courses** number 100 or above will be paid to the college by the high school district.
2. I am responsible for the purchase of books, student fees, transportation, etc.
3. I understand that it is my responsibility to ensure that **SPSCC** courses completed as part of the Running Start Program will meet high school graduation requirements.
4. I give my permission to have my **SPSCC** transcript released to my high school at the end of each quarter. I also give permission for **SPSCC** to release academic information (**attendance, grades, etc. To high school counselors and high school administrators if necessary**).
5. My parent/guardian and I understand that I am expected to participate fully in all course activities, including labs and field trips and give permission to do so. I also understand that a college course may give exposure to alternative view points and may include material of an adult nature.
6. I understand that it is important for students who wish to drop a class, students must obtain an add/drop form from Enrollment Services or online, fill it out and submit it to Enrollment Services (bldg. 25).
7. I understand that Running Start students follow the same rights and responsibilities as any other **SPSCC** student
8. I agree to adhere to the **SPSCC Academic Progress Guidelines**.

Student I.D. Number		Quarter you plan to start <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring Year		Student Standing <input type="checkbox"/> New <input type="checkbox"/> Current/Returning			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthday <i>Month/Day/Year</i>	Day Phone	Evening Phone	Email Address			
Last Name		First Name		M.I.			
Mailing Address (<i>street or box number, apt#</i>)			City	State	Zip		
					<i>HS Code</i>		
High School		<i>What is your grade level?</i>		<input type="checkbox"/> Junior <input type="checkbox"/> Senior			
<input type="checkbox"/> Avanti	<input type="checkbox"/> Mary M. Knight	<input type="checkbox"/> Olympia	<input type="checkbox"/> Shelton				
<input type="checkbox"/> Black Hills	<input type="checkbox"/> South Sound	<input type="checkbox"/> Rainier	<input type="checkbox"/> Shelton Choice				
<input type="checkbox"/> Capital	<input type="checkbox"/> New Market Skills	<input type="checkbox"/> River Ridge	<input type="checkbox"/> Tenino	<input type="checkbox"/> Yelm			
<input type="checkbox"/> Centralia	<input type="checkbox"/> North Thurston	<input type="checkbox"/> Rochester	<input type="checkbox"/> Timberline	<input type="checkbox"/> Yelm Extension			
<input type="checkbox"/> Elma	<input type="checkbox"/> Olympia	<input type="checkbox"/> Secondary Options	<input type="checkbox"/> Tumwater	<input type="checkbox"/> Other			
					<i>CG Code</i>		
Long Term Career Goal <i>Please Select One</i>							
<input type="checkbox"/> Courses related to current/future work		<input type="checkbox"/> High School Diploma/GED		<input type="checkbox"/> Personal Enrichment			
<input type="checkbox"/> Transfer to a four year college		<input type="checkbox"/> Explore a career direction		<input type="checkbox"/> Other			
Item#	Dept/Number	Credit	Time	Days	Bldg./Room	<i>HS Equivalent</i>	<i>For office use only</i>
1182	Math 101B	5	8:00am – 8:50am	m t w th f	22-209		

	<p>Student Signature _____ Date _____</p> <p>Parent/Guardian Signature _____ Date _____</p> <p>High School Counselor Signature _____ Date _____</p>
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