

## ASCENT Enrollment Application

### APPLICATION CHECKLIST

Please use this checklist to ensure completion of and accuracy of your ASCENT application.

- Complete the [UCCS FRESHMAN ADMISSIONS](#) application. No application fee is required.
- Submit an official high school transcript.
- Submit your ACT and/or SAT test scores
- Complete this application package with all necessary signatures.

### PRINCIPAL/COUNSELOR/APPROVING AUTHORITY

I have reviewed the education plans of \_\_\_\_\_ and recommend ASCENT admission.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### PARENT/GUARDIAN SIGNATURE

I understand the University credit earned by my student will count in the University of Colorado records and that all academic and conduct rules of the University will apply to my student. **I understand my student is not eligible for Federal or University financial aid resources during the ASCENT enrollment year.**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### STUDENT SIGNATURE

I understand that all grades earned while enrolled as an ASCENT student will form part of my overall University GPA and that all academic and conduct rules apply to me. **I understand I am not eligible for Federal or University financial aid resources during the ASCENT enrollment year.**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### UCCS ADMISSIONS APPROVAL

Action: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

# ASCENT

## Agreement and Registration Form

You have indicated that you are interested in enrolling in the 5<sup>th</sup> year ASCENT program. This program allows you to take a full schedule of college course work immediately following your senior year of high school. Persons under twenty-one years of age, who have met all district's graduation requirements, have completed 12 college credit hours, and do not need remediation are eligible for this program. To enroll at an eligible post-secondary institution a student must have completed the minimum course prerequisites and all required assessments.

This student is an international student attending high school on an F1 Visa. INELIGIBLE FOR ASCENT

**SECTION A: To be completed by student (PLEASE PRINT)**

Name of Student \_\_\_\_\_ Term \_\_\_\_\_

Post-Secondary Student ID # \_\_\_\_\_ SASID # \_\_\_\_\_ School District ID \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Current Grade in School \_\_\_\_\_

Currently Attending: \_\_\_\_\_ High School College Planning to attend \_\_\_\_\_

Name of Parent / Guardian \_\_\_\_\_

**List Course work completed by end of senior year**

Subject	Course Number	Title	Credit Hours	Course Location (H.S./College)	Counselor Initials
MAT	120	Math for Liberal Arts (EXAMPLE)	3	College	abc

**List Course work intended to be taken in the 5th year**

Subject	Course Number	Title	Credit Hours	Course Location (H.S./College)	Counselor Initials
MAT	120	Math for Liberal Arts (EXAMPLE)	3	College	abc

**Attention Student:** Prior to adding, dropping or withdrawing from a class, you must see your college advisor and high school counselor.

**Attention Student and Parent or Guardian:** Your signature indicates that you wish the above named student to participate in the ASCENT Program and agree to the following:

- ✓ That advice and counsel regarding such participation has been received from your current high school.
- ✓ If the student receives a failing grade or an "Incomplete" or withdraws in one or more of their classes after the designated drop period, the student and parent may be responsible to the sponsoring School District for payment for the respective class (es).
- ✓ The course(s) fits with your Individual Career & Academic Plan (ICAP).
- ✓ In compliance with the **Family Educational Rights and Privacy Act (FERPA) of 1974**, the Student gives permission to the above noted college to report absences, disciplinary issues, and the release of grades, transcripts, in progress grades, and class schedules, as available, to the above noted High School) for the courses enrolled under the ASCENT program.
- ✓ The signatures indicate authorization of my College Opportunity Fund (COF) to the College. I authorize the High School/School District to release my SASID # to the college for the purpose of COF, at institutions which receive COF funding.

**Section B: To be signed by student and student's parent/guardian**

I understand that this agreement entitles me/my child to enroll in college courses. I understand the following:

1. I will meet the same course expectations and prerequisites as college students, as noted in course catalog and/or syllabus.
2. The course satisfies college degree or certificate and is in line with the students' ICAP.
3. Course credits may transfer if I earn a C or better in a Guarantee transfer course, or accepted by post secondary institution.
4. The grade received in this course will appear on my official high school and college transcript.
5. If I withdraw from the course at the postsecondary institution after the drop/add date, I will receive a W or F on my college transcript.
6. With regard to college activities, qualified students may participate in activities but are not eligible for NCAA athletic activities.
7. I will need to register for College Opportunity Funding and I understand the credits earned will be deducted from the COF lifetime account, at institutions which receive COF funding.
8. I understand I may only enroll in Guarantee transfer courses and/or courses which apply to a specific pathway.
9. I understand the school district will hold my high school diploma and not count me as a graduate until I have completed the ASCENT program.
10. Students who wish to enroll in college classes the summer immediately following their senior year must pay their own tuition.

In signing this agreement, I authorize the college to release my transcript to my school district at the end of the course and agree to all information under Sections A and B.

\_\_\_\_\_  
Student Signature and Date

\_\_\_\_\_  
Parent/guardian Signature and Date

**Deliver this form to your high school counselor.**

**This agreement is student and college specific. A separate agreement and college application must be completed for each eligible post-secondary institution that the high school student plans to attend.**

**Section C: Student Eligibility: To be completed by High School counselor/principal. Check all that apply.**

- \_\_\_\_\_ This student is under 21 years of age.  
\_\_\_\_\_ This student has successfully completed 12 college credit hours during high school  
\_\_\_\_\_ The student does not need any remediation courses  
\_\_\_\_\_ The student is currently in the 12<sup>th</sup> grade.  
\_\_\_\_\_ This student will have met all graduation requirements by the end of his/her senior year..

High School counselor/principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Title \_\_\_\_\_

**Section D: School District & College Approval**

The school district agrees to pay the tuition for \_\_\_\_\_ credits this term.

Approved by Principal (or designee)

Name of High School: \_\_\_\_\_

Comments: \_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent (or designee)

or charter school authority signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by college administrator

Name of College: \_\_\_\_\_

Comments: \_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_