

Leeward Community College

Early Admission Program Request Form

<input type="checkbox"/>	Fall	_____
<input type="checkbox"/>	Spring	_____
<input type="checkbox"/>	Summer	_____

Student Name: _____
(Last, First, Full Middle)

High School: _____ High School Graduation Date: _____

Application requirements for the Early Admission Program include:

1. Complete the UH System Application Form, apply.hawaii.edu
2. Complete this Early Admission Program Request Form
3. Official High School Transcript
4. Submit ALL documents to Leeward Community College by the published deadline

High school juniors and seniors seeking enrollment into Leeward Community College's Early Admission Program must meet ALL the following conditions:

1. Must be currently enrolled in high school
2. Must be in good academic standing
3. Requested course is limited to those courses not available at the high school
4. Approval from high school to enroll in one or more of the following courses listed below

List course(s) you are requesting to enroll in:

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Applicant agrees to the following:

1. All program requirements and course prerequisites, including completion of placement tests at specified levels must be met
2. UH Community College tuition and fees will apply
3. Enrollment into the requested course(s) is on a space available basis
4. Classroom supplies and textbooks are the responsibility of the student

Student Signature: _____ Date: _____

I approve/grant permission allowing the above student to participate in the Early Admission Program at Leeward Community College. I understand that he/she will be enrolled in course(s) with other college students and may be exposed to subjects that incorporate adult topics or themes. I acknowledge that the student academic record is private and the college is not permitted to release private information due to federal privacy law (FERPA) without written authorization from the student.

Parent Signature: _____ Date: _____

Counselor Signature: _____ Date: _____

Principal Signature: _____ Date: _____