



HIGH SCHOOL PARTNERSHIP/DUAL ENROLLMENT PROGRAM Information Sheet

Selected juniors and seniors at participating high schools and adult education programs are eligible to register for courses at **Naugatuck Valley Community College**, at no tuition or fee cost. The College will waive the cost of tuition and fees for high school students participating in this program. Participating students are responsible for the costs of books, supplies, and transportation.

- Courses are available in the fall and spring semesters.
- Eligible courses include those in allied health, mathematics, science and technology.
- Students must complete the Application for High School Partnership/Dual Enrollment. They will be scheduled for Placement Testing, if needed.
- Juniors and seniors interested in registering for courses at Naugatuck Valley Community College must apply to the High School Partnership/Dual Enrollment Program through their Guidance Department.
- Once approved by the Guidance Department and assessed through Placement Testing, if needed, students will be registered for the appropriate course(s).
- College credits earned may be used at NVCC or transferred to another college or university.

Our system website lists course offerings for each semester. To view available courses, go to www.my.commnet.edu and click on ***Search for Courses***. Make the following selections (and do not make selections for the other choices listed). Then click on ***Get Courses***:

By Term:	<i>choose appropriate term</i>
By College:	Naugatuck Valley CC
By Level:	Credit
By (O)pen (C)losed:	Open

Questions may be directed to your guidance counselor or the Admissions Office at (203) 575-8079.

Please complete the following: Application for High School Partnership/Dual Enrollment Program and Counselor Recommendation Form.



APPLICATION FOR HIGH SCHOOL PARTNERSHIP/DUAL ENROLLMENT PROGRAM at Naugatuck Valley Community College

Check One: ___ New Student ___ Continuing Student Semester: Fall ___ Spring ___ (year) (year)

Check One: ___ Male ___ Female

Soc. Sec. # (Required by Federal Law): ___/___/___ Birth date: (month) ___ (date) ___ (year) ___

Name: (Last) ___ (First) ___ (Middle) ___

Address Number & Street: _____

City/Town: _____ State: _____ Zip: _____

Home Phone (with area code): _____ Cell Phone (with area code): _____

Parent/Guardian Work Phone (if applicant is under 18 years old): _____

Please provide the following ethnic and race data. This information is requested on a voluntary basis by the U.S. Department of Education, National Center for Education Statistics. Your answer will not affect admission to or registration in the College.

Ethnicity (Check One): ___ Hispanic/Latino ___ Non-Hispanic/Non-Latino ___ Choose not to respond (None)

If you checked Non-Hispanic/Non-Latino above, what is your race?

Race (Check One): ___ White (10) ___ Black or African American (20) ___ American Indian or Alaskan Native (50) ___ Asian (45) ___ Native Hawaiian or Other Pacific Islander (80) ___ Other (90) ___ Choose Not To Respond (60)

Name of High School/Adult Ed. Program _____ Year of Graduation _____

Name and address of parent or guardian (circle one, if applicant is under 18 years old):

Name _____

Address _____

Briefly state your reasons for wishing to participate in this program: _____

The College views applications and supporting records and letters as confidential. Information or materials may be released to persons or organizations outside the College only upon the written consent of the applicant or the parent or guardian of a minor applicant.

The undersigned understand that those attending the College are traditional college age and adult students. As such, class discussion and topics may include adult themes and diverse perspectives that may be essential and pertinent to the course.

The undersigned certify that the information contained in this application is true and correct. It is understood that incorrect information or falsification may be grounds for disapproval of this application or dismissal from the College. Furthermore, the undersigned agree(s) to pay all financial obligations incurred by the applicant (i.e., books, supplies, transportation) if admitted to, and attending the College's High School Partnership/Dual Enrollment Program.

Applicant Signature _____ Date _____

Parent/Guardian Signature (if applicant is under 18 years old) _____ Date _____

NVCC is an affirmative action/equal opportunity institution. All students are admitted irrespective of age, sex, race, religion, disability, or ethnic background. Providing information on marital status, age, sex, and citizenship status is optional. This information is collected for reporting purposes only and will not be used in the selection process for admission. NVCC complies with the "Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act." This report contains a summary of the NVCC Public Safety Department's policies, procedures, and crime statistics as required. It is available from our Public Safety Department in the Core Building, Room 122 or by contacting them at (203) 575-8113 or publicsafety@nvcc.commnet.edu. Revised 3/09

Form with fields: Banner ID: @_____, Admit Type: 09, For Office Use Only High School Code _____, Program Code: HZ9, Entered by: _____



**Counselor Recommendation Form
for High School Partnership/Dual Enrollment Program at
Naugatuck Valley Community College**

To the applicant: Please complete the top portion of this form and return to your guidance counselor for completion.

Right to Access: Public Law 93-380, Education Amendments Act of 1974, grants student the right to access to letters of recommendation. The opportunity to waive this right is also provided. Please check: I do _____ do not _____ waive the right of access to the following letter of recommendation.

Name of Applicant (Print) _____ Signature _____

High School/Adult Ed. Program _____ Date _____

To the Guidance Director/Counselor: The above student is applying to the High School Partnership/Dual Enrollment Program at Naugatuck Valley Community College. Please provide the following information:

I certify that this student is a junior _____ senior _____

The applicant is _____ is not _____ maintaining at least a "B" average.

Please Note: If you are recommending an exception to the "B" average criteria, it is required that you provide us with your estimate of this student's ability to assume the academic and social responsibilities that this program requires. Your evaluation of the motivation, intelligence level, and maturity of this student would be very helpful. Please include candidate's PSAT and/or SAT scores, if available.

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- By Term: *choose appropriate term*
- By College: **Naugatuck Valley CC**
- By Level: **Credit**
- By (O)pen (C)losed: **Open**

I recommend that the applicant enroll in the following course for the fall _____ or spring _____ semester.
(year) (year)

1st choice: _____
(course number) (course title) (CRN#) (days/time)

2nd choice: _____
(course number) (course title) (CRN#) (days/time)

The student may be required to take the Accuplacer Computerized Placement Testing for appropriate course placement, as determined by both the College and the recommending counselor.

Name of Counselor (Print) _____ Date _____

Signature _____ Phone (with area code) _____