# Request to Earn ECA Credit Through CCP

Directions: Students must complete all aspects of this form. Any information left blank could delay processing. Form must be turned into the guidance office at least two weeks prior to the beginning of the college course. Failure to do this could result in denied substitution credit, textbook(s) being purchased after the beginning of the course, etc. Responsibility lies completely on the student to turn in this form. *Note: All courses taken through CCP count for High School and College credit. The grades will be included in their high school GPA and Rank.*

Student Full Name: _____ Graduation Class of: _____

Student Email: _____

Complete one of the following:

☐ I have received _____ allocation units from the state.

☐ I will be paying for this course, including all fees and textbooks.

College/University: _____

I have been accepted to this college and have provided a copy of my acceptance letter (check one): ☐ Yes ☐ No

**Attach a copy of the acceptance letter if you have not given one to the guidance office.**

Name of College Course: _____

Course Section: _____ Semester Hours/Credits: _____

Class Term: (Ex. Fall Semester 2016) _____

Class Start Date: ____ /_____ /_____ Class End Date: _____ /_____ /_____

*Optional: I would like to take this course to substitute the following ECA course:* _____

**Attach a course description or syllabus.**

I will need the following textbook(s) for the course (attach textbook information if more space is needed):

| ISBN | Title | Author(s) | Edition |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

I have filled out this form completely. I understand that all course substitutions are dependent upon school approval. If I turn in this form late, I may not receive my textbooks in time for the first day of my college course. In addition, I certify that my student/family is responsible for full reimbursement to ECA for any costs associated with a course that is not completed or in which a failing grade is received.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Office Use Only: ☐ Received prior to two weeks ☐ Textbooks Ordered ☐ Substitution Granted

Administrator Approval (Initial): _____ Return copy to student.