Early Entry Course Recommendation/Permission

This section is to be completed by student.
I, ________________________________, a high school junior/senior (circle grade level) Student’s Name (Name of high school) High School, am requesting permission to enroll in Chadron State College course ___________________________ (Course Number and Name) for the ____________________________ 20___ semester. (Fall or Spring) Date ____________________________ Signed ____________________________ Student

This section is to be completed by student’s high school counselor or principal.
I certify that this student is eligible for enrollment in this course under at least one of the following Chadron State College Early Entry Course guidelines: Check all that apply.

☐ Student has attained a GPA of at least 3.0 (4.0 scale). Actual GPA ______.

☐ Student earned an ACT composite score of at least 20 or an equivalent score on another standardized test. Composite score attained ____________.

☐ Student earned an ACT sub-score of at least 20 or equivalent on another standardized test.
Sub-score (category related to requested course): Math ______ English ______ Reading ______ Science ______

☐ Student ranks in the upper 1/3 of their high school class.

In addition to being academically qualified, it is my opinion that this student is capable of successfully completing a college-level course and is, therefore, recommended for acceptance into this course.

Date ____________________________ Signed ____________________________
High School Counselor/Principal

This section is to be completed by student’s parent/guardian.
As the parent or legal guardian of ____________________________, I confirm that he/she is academically qualified for enrollment in this course under Chadron State College’s Early Entry program policies. I also believe he/she is capable of successfully completing this course. Therefore, I authorize Chadron State College to enroll my son or daughter in the course listed above.

Date ____________________________ Signed ____________________________
Parent/Guardian of Early Entry Student

Return completed form to the Office of Extended Campus Programs, Chadron State College, 1000 Main Street, Chadron, NE 69337.