DUAL ENROLLMENT DUAL CREDIT HIGH SCHOOL FORM

Letter of Recommendation

This letter is to certify that: Student’s Name ________________________, Shelton State Student ID __________________, Date of Birth ____________, will be/is enrolled in the _____ grade at ____________________________ High School. The student currently meets all requirements, including the required GPA requirements, as outlined in the Dual Enrollment/Dual Credit Agreement. The student has my permission to enroll in classes at Shelton State Community College for the _______________ Semester of 20______.

He/She may take the following courses: (The high school is required to list the specific SSCC class(es) on this form)

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<th>Course Prefix &amp; Number</th>
<th>Course Title</th>
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Student Signature ___________________________ Date ____________

Headmaster/Principal/Director/Authorized Personnel Signature ___________________________ Date ____________

NOTE: This letter of recommendation is good for one semester only. If a student wishes to re-enroll during subsequent semesters, he or she must provide a new letter of recommendation for each semester. Shelton State Community College will not officially award college credit to dual enrollment/dual credit high school students until proof of high school graduation (official transcript with graduation date) is provided.

PERMISSION TO RELEASE RECORDS

(Optional)

The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to, their education records. For more information, you may visit, http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html.

Shelton State Community College is hereby allowed to release my education records to the High School listed above and/or to my parents and/or guardians, under the terms of dual enrollment/dual credit. I understand that Shelton State Community College will not release my official transcript to any other party until I have graduated from high school.

Student’s Signature ___________________________ Date ____________

FOR OFFICE USE ONLY:

Admissions Staff Member ___________________________ Date ____________

Revised November 19, 2013