



ANC Early College Program Registration Form (Complete with Black Ink)

(870) 780-1200
www.anc.edu
2501 South Division
P.O. Box 1109
Blytheville, AR 72316

Student Name: _____

Social Security Number: _____ - _____ - _____ Semester: Fall 20 _____ Spring 20 _____ Summer 20 _____

High School: _____ High School Graduation Year: _____

Course Number	Section	Course Title	Instructor	For ANC Office Use Only			
				Class Type		Payment	
				<input type="checkbox"/> BAP	<input type="checkbox"/> Online	<input type="checkbox"/> ECS	<input type="checkbox"/> SP
				<input type="checkbox"/> Live	<input type="checkbox"/> ANCTC	<input type="checkbox"/> ANCTC	
				<input type="checkbox"/> BAP	<input type="checkbox"/> Online	<input type="checkbox"/> ECS	<input type="checkbox"/> SP
				<input type="checkbox"/> Live	<input type="checkbox"/> ANCTC	<input type="checkbox"/> ANCTC	
				<input type="checkbox"/> BAP	<input type="checkbox"/> Online	<input type="checkbox"/> ECS	<input type="checkbox"/> SP
				<input type="checkbox"/> Live	<input type="checkbox"/> ANCTC	<input type="checkbox"/> ANCTC	
				<input type="checkbox"/> BAP	<input type="checkbox"/> Online	<input type="checkbox"/> ECS	<input type="checkbox"/> SP
				<input type="checkbox"/> Live	<input type="checkbox"/> ANCTC	<input type="checkbox"/> ANCTC	
				<input type="checkbox"/> BAP	<input type="checkbox"/> Online	<input type="checkbox"/> ECS	<input type="checkbox"/> SP
				<input type="checkbox"/> Live	<input type="checkbox"/> ANCTC	<input type="checkbox"/> ANCTC	

The student's combined course load for both high school and college should not exceed a normal full-time load for both institutions. Final grades for the above courses will become part of the student's academic and financial aid permanent record (see below). The student meets placement test score requirements (if applicable) and I recommend the student for the above courses.

Principal/Counselor Signature: _____ **Date:** _____

ANC Advisor/Career Coach Signature: _____ **Date:** _____

I, the undersigned student, understand that this release may be rescinded at my request, for any reason, by providing a written statement to the ANC Admissions Office. I also understand that if I rescind this authorization, it is effective on the date of receipt of the written statement and is not retroactive.

Academic and Financial Aid Policies. Credit attempted and earned, through this program, will be posted to a college transcript and become a part of the student's permanent academic and financial aid record. The grades earned and credit attempted will be included in all grade point averages and completion rates to determine Satisfactory Academic Progress for both academic and financial aid calculations.

If a high school student enrolls in a remedial/developmental course in English, reading and/or mathematics and successfully completes the remedial/developmental course, it does not guarantee college-level course placement at another Arkansas college/university.

Release of Information

As a high school student under the age of 18, your school and parents/guardians have the right to view your college records according to FERPA (Federal Education Records Privacy Act) guidelines.

By submitting this form, I give ANC permission to release and receive the following information to/from my parent(s) or legal guardian(s) and authorized personnel at my high school for education benefits:

- High School Transcripts
- Mid-Term Grades
- * ACT, COMPASS, and/or PLAN Test Scores
- * Final Official College Transcript each term

Student Signature: _____ **Date:** _____

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ **Date:** _____

NEW REGISTRATION FORM REQUIRED TO ADD CLASSES AFTER INITIAL SUBMISSION

Office Use Only: Received By: _____	Date: _____	Registration Date: _____
Exceptions/Special Considerations: _____		(4-5-2016)