



Snead State Community College

Early Enrollment / Accelerated High School Student

Admissions Office
PO Box 734 • Boaz, AL 35957
Admissions@snead.edu / Fax (256) 593-7180

Letter of Recommendation

Name of Student _____ Social Security Number _____ - _____ - _____

Name of High School _____ Current Grade _____

Cumulative GPA _____ (minimum 3.0) Term of Enrollment _____ 20_____

Recommended Courses

_____	_____
_____	_____
_____	_____
_____	_____

I certify the student whose name appears above meets the enrollment criteria for Accelerated High School Students, including completion of 10th grade, a minimum cumulative 3.0 GPA, and completion of any prerequisites required. The student is hereby recommended to enroll in the courses listed above.

Signature of High School Principal or Official Designee

Date

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

Permission To Release Records

I authorize Snead State Community College to release my academic record to the High School listed above and/or to my parents and/or guardians. This authorization for release of records will remain in effect until written notification to discontinue the release is received by the Office of Student Services or until I earn my high school diploma.

Signature of Student

Date

It is the policy of the Alabama State Board of Education and Snead State Community College, a postsecondary institution under its control, that no person shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age, be excluded from participation in, be denied benefit of, or be subjected to discrimination under any program, activity, or employment.