



**Section B: To be signed by student and student's parent/guardian**

I understand that this agreement entitles me/my child to enroll in college courses. I understand the following:

1. I will meet the same course expectations and prerequisites as college students, as noted in the course catalog and/or syllabus.
2. The course satisfies college degree or certificate and is in line with the student's ICAP.
3. Course credits may transfer if I earn a "C" or better in a Guarantee Transfer course, or accepted by a postsecondary institution.
4. The grade received in this course will appear on my official high school and college transcripts.
5. If I withdraw from the course at the postsecondary institution after the drop/add date, I will receive a "W" or "F" on my college transcript.
6. With regard to college activities, qualified students may participate in activities but are not eligible for NCAA athletic activities.
7. I will need to register for College Opportunity Funding (COF), and I understand the credits earned will be deducted from the COF lifetime account at institutions which receive COF funding.
8. I understand I may only enroll in Guarantee Transfer courses and/or courses which apply to a specific pathway.
9. I understand the school district will hold my high school diploma until I have completed the ASCENT program.

In signing this agreement, I authorize the college to release my transcript to my school district at the end of the semester and agree to all information under Sections A and B.

\_\_\_\_\_  
Student Signature and Date

\_\_\_\_\_  
Parent/Guardian Signature and Date

**Deliver this form to your high school counselor.  
This agreement is student and college specific.**

**Section C: Student Eligibility: To be completed by the high school counselor/principal. Check all that apply.**

- ☐ This student is under 21 years of age.
- ☐ This student has successfully completed 9 college credit hours with a "C" or better during high school.
- ☐ This student is currently in the 12th grade.
- ☐ This student will have met all graduation requirements by the end of his/her senior year.

**Approved by High School Counselor**    Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ASCENT Student Information 2024-2025:**

Name: \_\_\_\_\_

High School: \_\_\_\_\_

Best phone number to be reached at: \_\_\_\_\_

Best email to be reached at (personal email): \_\_\_\_\_

This information will be used to reach you during your ASCENT year.

If any of this information changes during the 2024-2025 school year, it is your responsibility to let your counselor and Afton Valerio [afton.valerio@tsd.org](mailto:afton.valerio@tsd.org) at the district office know.

**Attach the Following Documents:**

- ☐ **Copy of COF Verification**
- ☐ **Unofficial High School Transcript**
- ☐ **Unofficial College Transcript (from all colleges where you received credit)**
- ☐ **Copy of Fall 2024 College Schedule**