

Office of High School and Pre-College Programs
Nexus Building, Room 104
One South Ave.
Garden City, NY 11530

**College Credit Advantage Program
Late Registration- Academic Petition Request**

Please return this completed form, as well as a check for \$425 made out to Adelphi University, to the Office of High School and Pre-College Programs at the above address. **DUE: Wednesday, January 22, 2019**

STUDENT INFORMATION

Last Name _____ First Name _____

SSN _____ DOB _____

Email Address _____ Phone No. _____

Home Address _____

Gender _____ Class Standing ___ Sophomore ___ Junior ___ Senior

COURE ENROLLMENT INFORMATION

High School Name _____

Course Title _____

Instructor's Last Name _____ Class Period _____

ACKNOWLEDGEMENT

I acknowledge that my signature below indicates that my answers are true and complete to the best of my knowledge. I understand that providing any false or misleading information may result in me being dropped from my course without the option to reregister. I understand that credit transfer policies vary by school and that Adelphi University does not guarantee that these credits will be accepted at the college/university I choose to attend. I acknowledge that there are no refunds for the College Credit Advantage Program.

_____/_____/_____
Signature of Parent/Guardian Printed Name Date

_____/_____/_____
Signature of Student Printed Name Date

ENROLLMENT AND STANDING VERIFICATION (To be Completed by Teacher ONLY)

I acknowledge that _____ [STUDENT'S NAME] is enrolled in the course listed above offered through Adelphi University's College Credit Advantage Program and is eligible to earn the credits associated with the course. I confirm that the aforementioned student is in good academic standing and on track to earn a "C-" (70-73) or better in the course.

_____/_____/_____
Signature of Approved Teacher Printed Name Date