



Community Colleges of Spokane

RUNNING START COURSE RECOMMENDATION FORM

Date _____

Admission to the Running Start program is based on the student meeting the college-level cut-off scores that are currently in effect for college courses. Once accepted into the Running Start program, the student may access any college-level course or professional/technical program for which they otherwise meet the prerequisites.

Student Identification Number

Student's name _____

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Phone _____ Permanent mailing address _____

City _____ State _____ ZIP _____

Parent/guardian name _____ Day phone _____

Address (if different) _____

High school _____

High school grade level: Junior Senior Date of high school graduation: Month _____ Year _____

Quarter of attendance: Fall Winter Spring Year _____

Which college do you plan to attend? SCC SFCC IEL site _____

I qualify for the mandatory fee waiver. (Mandatory fees will be waived for low-income Running Start students who show documentation that they are or have been eligible for free or reduced lunch anytime in the last five years. It is the student's responsibility to provide the college with the verification of eligibility letter.)

College courses recommended		To be completed by high school: High school equivalent	
Course and number (example ENGL&101)	Credits	Subject	Credits
_____	_____	=	_____
_____	_____	=	_____
_____	_____	=	_____
Alternates: _____	_____	=	_____
_____	_____	=	_____

Comments _____

Admission to the college does not guarantee acceptance into certain classes or programs, or specific times for classes.

I have read the information provided regarding the Running Start program and understand the conditions of enrollment and the expectations of college courses and participation in Running Start. I hereby give permission for release of any educational information which may be beneficial to my academic progress to the above noted high school counseling office or high school district office.

Student signature _____ Date _____

Parent/guardian signature _____ Date _____

Reviewed by high school counselor (print name) _____

High school counselor signature _____ Date _____