BELLEVUE COLLEGE

Become Exceptional

RUNNING START HIGH SCHOOL REFERRAL FORM

Student Name: _____

BC Student ID: _____ Birthdate: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____ Phone: **( )** _____

High School: _____ Grade: 11th _____ 12th_____ Graduation: Month _____Year____

Continuing Students Only: Is this a CHANGE IN HIGH SCHOOL from last quarter? YES_____NO_____

QUARTER ENROLLING for RUNNING START: FALL____ WINTER____ SPRING__ YEAR: _____

FOR HIGH SCHOOL USE ONLY

COURSE NAME	COURSE #	CREDITS	SCHOOL DISTRICT EQUIVALENT	CREDITS OR UNITS

***High School Counselor Must Also Authorize Below College Level Math Classes in Writing**

New Students Only: High School Cumulative GPA: _____ **Counselor** initial: _____

Specific Instructions: _____

_____

_____ **( )** _____ _____

Signature of High School **or** District Official Phone Date

***SCHOOL OFFICIAL: Please detach gold copy of this form and retain for your records.**

_____ _____

Signature of Student Date

_____ _____

Signature of Parent/Guardian (if under age 18) Date

*** This form must be submitted every quarter prior to registration ***

RS Student File -- White Running Start Accounting Office --- Yellow Student -- Pink High School -- Goldenrod