

Project Ahead Application Signature Form:

Please Print

Last Name below*)	First Name	Middle Initial	Social Security Number (See note
Address	Date of Birth / /		Home Phone
City	State	Zip	Email Address

To be completed by High School Principle or Guidance Counselor:

The above named student has my permission to attend Bergen Community College as a Project Ahead student. S/he is an outstanding student whose overall average is 3.0 or better, and is academically and emotionally ready to take college-level courses.

Name: _____

Title: _____

Signature: _____

Date: ___ / ___ / ___ Phone: _____

To be completed by you or your parent or Guardian

I understand that this form is an application to attend Bergen Community College for one semester as a part-time, non-degree student. I certify that the above information is true and correct to the best of my knowledge. I agree to abide by the policies and regulations of the college, including program and course requirements and prerequisites.

Signature of Student	/ /	Signature of Parent or Legal Guardian	/ /
	Date		Date