



ECA Office

**Brockton Campus**  
One Massasoit Boulevard  
Brockton, MA 02302

**Canton Campus**  
900 Randolph Street  
Canton, MA 02021

**Middleborough Center**  
49 Union Street  
Middleborough, MA 02346

**www.massasoit.edu**  
earlycollege@massasoit.mass.edu

## APPLICATION FOR EARLY COLLEGE

Please complete this application and return it to the Office of Early College Access, One Massasoit Boulevard, Brockton, MA 02302

I am applying for admission to:  Fall \_\_\_\_\_ (year)  Spring \_\_\_\_\_ (year)  Summer \_\_\_\_\_ (year)

**Please complete all applicable information.**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email address \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_

What majors are you considering for college? \_\_\_\_\_

How did you hear about Early College Access/Dual Enrollment? \_\_\_\_\_

**Please note:** Students under the age of 16 must obtain an approval signature from the Dean of Students or their designee prior to registering for classes. See College Policies for details.

**EMERGENCY CONTACT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**To determine eligibility for selective Early College programs, please complete the following:**

**Gender**  Male  Female

**Parents' Education**

**Please select one or more of the following that best describes you:**

- American Indian/Alaska Native  Asian
- Black/African American  Cape Verdean
- Haitian  Native Hawaiian/Pacific Islander
- White/Caucasian

- | Parent 1                 | Parent 2                 |                            |
|--------------------------|--------------------------|----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Not a high school graduate |
| <input type="checkbox"/> | <input type="checkbox"/> | High school diploma        |
| <input type="checkbox"/> | <input type="checkbox"/> | Voc/Tech certificate       |
| <input type="checkbox"/> | <input type="checkbox"/> | Some college, no degree    |
| <input type="checkbox"/> | <input type="checkbox"/> | Associate degree           |
| <input type="checkbox"/> | <input type="checkbox"/> | Bachelor's degree          |
| <input type="checkbox"/> | <input type="checkbox"/> | Graduate degree            |
| <input type="checkbox"/> | <input type="checkbox"/> | Post graduate degree       |
| <input type="checkbox"/> | <input type="checkbox"/> | Unknown                    |

**Do you consider yourself to be Hispanic/Latino?**  Yes  No

**Are you eligible for free or reduced lunch?**  Yes  No

**Consent to Participate in Massasoit Early College Programming:** I understand that by participating in Massasoit Early College programming, I am subject to the College's policies and procedures as defined in the Massasoit Community College Student Handbook, which can be found at [www.massasoit.edu/student-handbook](http://www.massasoit.edu/student-handbook). Further, I understand and consent to the release of my educational records by and between Massasoit and high school representatives throughout my participation in Dual Enrollment courses.

The College adheres to the Family Educational Rights and Privacy Act of 1974 (FERPA) which sets forth requirements regarding the privacy of student records. Visit [www.massasoit.edu/ferpa](http://www.massasoit.edu/ferpa) for details. A brief summary of FERPA is captured in the following two statements: 1.) College students must be permitted to inspect their own educational records and 2.) School officials may not disclose personally identifiable information about students or permit inspection of their records without written permission unless such action is covered by exceptions permitted by the Act.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Parent signature below acknowledges the following:

- My child has permission to participate in Massasoit Early College programming
- I understand that I am financially responsible for any charges that may be incurred
- I have received a copy of the College Policies document

**Parent/Guardian Signature** \_\_\_\_\_ **Phone** \_\_\_\_\_

**High school and Early College Access personnel only:** please continue to the other side.

# High School Official Use Only

Student Name \_\_\_\_\_ Please enter the SASID here.

## PLEASE CHECK APPROPRIATE BOXES FOR APPROVAL

- CDEP (Commonwealth Dual Enrollment Partnership)  
This student meets the criteria for the CDEP and will receive high school credit upon successful completion of the course.
- MDEP (Massasoit Dual Enrollment Program)  
This student meets the criteria for the MDEP and may receive high school credit upon successful completion of the course.
- Gateway to College  
This student is eligible to apply to the Gateway to College program.
- Home School

School Name \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of School Official \_\_\_\_\_ Title \_\_\_\_\_

School Phone \_\_\_\_\_ Email address \_\_\_\_\_

Student GPA \_\_\_\_\_ Expected Graduation Year \_\_\_\_\_

Has this student taken Early College at any other college?  Yes  No

If yes, where? \_\_\_\_\_

Which courses? \_\_\_\_\_

## For CDEP or MDEP only: please list recommended courses below.

First Choice \_\_\_\_\_

Will student earn high school credit for this course?  Yes  No

Second Choice \_\_\_\_\_

Will student earn high school credit for this course?  Yes  No

School Official Signature \_\_\_\_\_ Date \_\_\_\_\_

## Early College Access Personnel Use Only

<b>MDEP (TSAEXPT-8004) reduced tuition</b> _____ Semester _____ Course _____ Credits _____ Course _____ Credits _____
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<b>CDEP (TSACONT) V00183581</b> _____ Semester _____ Course _____ Credits _____ Course _____ Credits _____
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Student Name \_\_\_\_\_ Massasoit Student ID V \_\_\_\_\_

New Student  Returning Student

Approved for CDEP <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved for MDEP <input type="checkbox"/> Yes <input type="checkbox"/> No	Confirmation Letter Sent (date) _____
Approved for GtC <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved for Grant <input type="checkbox"/> Yes <input type="checkbox"/> No	Orientation Packet Sent (date) _____
Approved for Other <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved for Contract Course <input type="checkbox"/> Yes <input type="checkbox"/> No	

Early College Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Youth Learners:** Dean of Students or Designee's decision Date \_\_\_\_\_

Dean of Students or Designee (please print) \_\_\_\_\_

Dean of Students' or Designee's Signature \_\_\_\_\_

Approved:  Yes  No **If no, please comment** \_\_\_\_\_