

Academic Enrichment Opportunities (AEO) Program - NC State University

(Please print.)

Name _____

Address (include city, state, and zip) _____

Phone number _____ E-Mail _____

High School _____

Semester/Summer Course is to be Taken:

☐ Fall ☐ Spring ☐ Ten-Week Summer Session ☐ Summer Session II Year _____

Requested Course (list any applicable lab separately):

Course Abbreviation and Number MA 242 Section _____ Credit hours _____

Lab (where applicable) _____

Lab Abbreviation and Number _____ Section _____ Credit hours _____

I understand that by taking this class, I am establishing a permanent college record. I agree to have my grades released to my high school. I acknowledge that providing my social security number is voluntary, is requested by the institution solely for administrative convenience and record-keeping accuracy, and is requested only to provide a personal identifier for internal records of this institution. I pledge that I will adhere to the NC State Code of Student Conduct and that I will uphold the highest level of academic integrity by not participating in any form of academic misconduct. I understand that NC State reserves the right to accept or deny my AEO application and may require additional materials in making that determination.

Signature of Applicant Date _____

My son/daughter has my permission to participate in the AEO program. I am aware of all the guidelines and rules of the AEO Program. I will pay the required tuition and fees. I am aware of the hours my son/daughter will be in attendance at the University.

Signature of Parent/Guardian Date _____

High School Officials: Please review EACH criteria, verify that ALL have been satisfied, and sign:
Student's cumulative weighted GPA is 3.5 or higher
Junior or Senior level student
Student is on track to graduate on time
High school does not offer the course

I certify that ALL criteria are satisfied and recommend enrollment in the above course.

Patty Miller Phone number 919.856.7880 Date 8-18-16
Signature of Counselor

Willie Chanis Phone number 919.856.7918 Date 8-18-2016
Signature of Principal

Please submit this form AND the NDS application to Registration and Records: Attn. AEO Program, 1000 Harris Hall, Campus Box 7313, Raleigh, NC 27695-7313.

For NC State Use Only: Reviewed by: _____

Date: _____