



CCAP FORM B: HIGH SCHOOL PERMISSION

Return to Admissions & Records Office or admissions@mpc.edu
Incomplete or illegible forms will not be processed

PART A: TO BE COMPLETED BY STUDENT

Name _____
Last First MI

Registration Term:
 Fall Spring _____
year

Email _____

MPC Student ID # ____ / ____ / ____
*Required

Address _____

Phone (____) _____

City State Zip

PART B: TO BE COMPLETED BY PRINCIPAL

I authorize the student listed above to take CCAP classes in partnership with MPC, for up to four years, while attending our high school. Any non-CCAP classes will be approved individually through the traditional dual enrollment process.

Name of High School Contact Number

Address of School

Name and Title of Principal or School Designee Signature of Principal or School Designee Date

*Designees must have preapproval by the principal and may be required to be on file with MPC.
Signatures must be unique, no signature stamps accepted.*