|  |  |
| --- | --- |
| **High School Program Department at:** Choose a college. | **Date:** Click here to enter a date. |
|  |  |
| **Name of HS DC Liaison:** Click here to enter text. | **Position:** Click here to enter text. |

The submission deadline for the Verification Form for the 2024-2025 academic year ***Fall 2024 Monday, March 4, 2024 and Spring 2025 Friday, October 18, 2024.***

Click here to enter text. **High School certifies the following students meet the eligibility requirements to enroll as dual credit students:**

**Seniors**

Name Birth Date and Banner ID

John Smith month/day/year 999999999

Sally Johnson month/day/year 888888888

**Juniors**

Name Birth Date and Banner ID

John Smith month/day/year 999999999

Sally Johnson month/day/year 888888888

**Sophomores**

Name Birth Date and Banner ID

John Smith month/day/year 999999999

Sally Johnson month/day/year 888888888

**Freshmen**

Name Birth Date and Banner ID

John Smith month/day/year 999999999

Sally Johnson month/day/year 888888888

* I certify all students recommended for Fall 2024 & Spring 2025 are eligible for participation in any of the Alamo Colleges District’s High School Programs and have or will meet the following requirements: Completion of Ready, Set, Apply Fall 2024 (March 4) & Spring 2025 (October 18) deadline; Completion of GoFAARR module; Completion of Pre-Assessment Activity; TSI Assessment and/or alternative instrument(s) to qualify for the program and course selection; Are in good academic standing at the high school; And have the appropriate Bacterial Meningitis documents on file per ISD/High School records.
* I understand this recommendation serves as an unofficial transcript and additional students may be added by Fall 2024 (July 19) & Spring 2025 (December 13) if the student is new to the high school (coming from another City or State).

**NAME DATE**

High School Principal/Designated Authority Signature

**NAME DATE**

High School Registrar Signature