

\_\_\_\_\_ School District  
**Expanded Options Program**  
**Student Application & Assurances Form**

**Directions:** If you want to participate in the Expanded Options Program, complete this form and turn it in to your school counselor by \_\_\_\_\_.

Name \_\_\_\_\_ Date \_\_\_\_\_

Courses I am interested in taking through the Expanded Options Program:

1.	4.
2.	5.
3.	6.

Please read the following requirements and initial.

1. \_\_\_\_ I am a current sophomore or junior OR I will be at least 16 years old when school starts in September.
2. \_\_\_\_ I have a completed educational learning plan and have reviewed it with my counselor.
3. \_\_\_\_ I understand that I will not be able to take courses through the EOP that are already available to me at my high school.
4. \_\_\_\_ I understand that I will not be able to take courses for more than two academic years, if I am a current sophomore, OR one academic year, if I am a current junior.
5. \_\_\_\_ I understand that the grades that I earn in MHCC, PCC or PSU classes will be put on my transcript and used to calculate my GPA and my class standing and will be part of my permanent college record.
6. \_\_\_\_ I understand that poor academic grades may negatively impact my chances of being accepted by colleges and universities that I may wish to attend.
7. \_\_\_\_ I agree to complete all state and district requirements for a high school diploma.

8. \_\_\_\_ I will make satisfactory progress in my MHCC, PCC or PSU courses in order to continue in the Expanded Options Program.
9. \_\_\_\_ I am aware that even though I may be eligible to participate in the Expanded Options program it does not guarantee my enrollment by the participating higher education institution.
10. \_\_\_\_ I will follow all behavior and academic rules and expectations of MHCC, PCC or PSU.
11. \_\_\_\_ I understand the district is required to provide priority access to “at risk” students, should student interest exceed credits available.
12. \_\_\_\_ I agree to follow all Expanded Options rules and guidelines identified by the state, the district, and my high school.
13. \_\_\_\_ I understand that all textbooks, fees, equipment and materials provided to an eligible student and paid for by the school district are the property of the school district.
14. \_\_\_\_ In the event that I transfer school districts I understand that the commitment of funding by my current district to any course or courses that I am taking through the Expanded Options continues until the completion of the term, at that point my educational learning plan and continued participation in the program will be reviewed by the new district.

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

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Counselor Recommendation:    Yes\_\_\_            No\_\_\_            Date \_\_\_\_\_

After review of the EOP application by the student’s counselor it will be forwarded to the building principal or their designee for final approval.

Administration Approval \_\_\_\_\_ Date \_\_\_\_\_