

**ACCELERATE Approval Contract**



**Student Information:**

Full Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

SSN (Optional): \_\_\_\_\_ Birthday: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ home ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ cell

High School: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Cumulative High School GPA: \_\_\_\_\_ Test Score: \_\_\_\_\_  ACT  SAT

Names of persons authorized to speak with Troy University on behalf of the student:

\_\_\_\_\_  
\_\_\_\_\_

We, the undersigned, agree that this student applying to ACCELERATE Dual Enrollment Online is capable of handling the workload of a college-level course. By signing below, I am confirming that the student meets eligibility requirements for ACCELERATE Dual Enrollment Online and that the above information is correct. My signature below also signifies that the student's information may be released to the student's high school and the authorized persons listed above so that appropriate credit may be awarded at the high school level upon completion of the class, in addition to the credit the student will receive from Troy University.

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

\_\_\_\_\_  
Parent or Legal Guardian Date

As an ACCELERATE student, I agree to complete my coursework to the best of my ability. I am ready to devote time and effort to studying for this class, and I commit to complete all of my assignments and exams. By signing below, I confirm that the above information is true and correct. My signature below also signifies that I grant consent for Troy University to speak on my behalf to the designated persons listed above.

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

Please return to the ACCELERATE Program Coordinator:  
Troy University eCampus • Extended Learning Center • 1101 S Brundidge St • Troy, AL 36082  
Fax: (334) 670-5679