

HC School Support
65 Court Street, Room 508
Brooklyn, NY 11201

COLLEGE ACCEPTANCE FORM

To be completed by an authorized college or university representative.

This form must be completed and returned to the Office of Scholarships, Incentives, and Speech Programs upon acceptance into a participating college or university.

Applicant's Name: _____

Social Security Number: _____

College/University: _____

Semester Year: _____

PROGRAM DISCIPLINE:

Bilingual Applicants:

School Psychology Special Education Speech-Language Pathology

Monolingual Applicants:

Speech-Language Pathology Blind and Visually Impaired

STUDENT STATUS:

Part-Time Full-Time

This applicant been accepted as an unconditionally matriculated student.

Yes No

- **If YES**, please continue completing this form.
- **If NO**, please do not continue completing this form.
 - The applicant is **NOT** eligible to participate in the New York City Department of Education's Jose P. Scholarship Program.

ACADEMIC CREDITS:

1. Please enter the total number of credits required to complete the degree program in the discipline indicated above. (Include bilingual credits, if applicable.)

Total Credits = _____

2. Please enter the total number of credits completed in the above degree program. (Including transfer credits, if applicable.)

Credits Completed = _____

3. Please enter the total number of credits needed by this student to complete the degree program. (Note: Total Credits - Credits Completed = Credits Needed)

Credits Needed = _____

PLAN OF STUDY:

Please attach the Student Plan of Study indicating the sequence of courses and credits this student will follow to earn the above degree.

Chairperson/Advisor's Name

Signature

Telephone Number

Date