



New York City Public Schools  
HR School Support  
Office of Scholarships, Incentives, and Pupil Personnel Services  
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 Pupil Personnel Services 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 has 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 NYC Public Schools' Jose P. Scholarship Program.

### ACADEMIC CREDITS:

1. Please enter the total number of credits required to complete the degree program in the above discipline. (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 this student needs 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**