Holy Spirit Catholic Schools
Dual Credit Application

School Year: 2024 - 2025

Please return completed application form to:
Mr. Boschee
via your school office or
boscheem@holyspirit.ab.ca

Once complete digitally, you may print it for submission or save it for emailing the application as an attachment.
OR
Print the application first to be completed via paper.

First name:	**Last name:**
Address:	
School Email:	
Home Phone:	**Cell Phone:**
High School: ☐ CCH ☐ SMT ☐ SMBI ☐ SMPC	**Grade in 2024 - 2025:**
Age: (minimum 15 years)	**Birth Date:**

PROGRAM INTEREST: ☐ *Fall 2024* ☐ *Winter 2025*
Application Due Dates: *Applications for **Lethbridge College** opportunities are due to Mr. Boschee by June 14, 2024 (Fall courses) and November 29, 2024 (Winter courses). Applications for **Olds College** opportunities are due to Mr. Boschee by September 13, 2024 (Fall courses) and February 14, 2025 (Winter courses)*
What program(s) are you interested in?
Why are you interested in the program(s) you selected?
Are you interested in continuing your education in the selected post-secondary institution? ☐ Yes ☐ No ☐ Unsure
If you answered yes to the above question, have you looked into the program that your course is associated with and its enrollment requirements? ☐ Yes ☐ No ☐ Unsure
If you answered yes to the above question, does your current high school class selection put you on track to meet enrollment requirements? ☐ Yes ☐ No ☐ Unsure
Please explain your previous three responses here.

Strengths: *Please list several strengths you would bring to this/these program(s).*
Career Plans: *Explain how the program selection you made fits into your future plans.*
Quarter/Semester Schedule: *When enrolled in a dual credit program, you are still responsible to ensure that you are keeping up with your school-based courses. If there is any conflict with the workload, expectations, or schedule, how will you deal with that?*
Transportation: *Students are responsible for their own transportation. If you are applying for a program offered on campus at a post-secondary institution, what method of transportation will you use to get to and from classes? (Students are not permitted to drive each other.)* ☐ **own vehicle** ☐ **public transit** ☐ **parent will drive**
Reference: *Please provide the name and contact information of one **teacher** who you would suggest we contact as a reference. Please ensure you have asked their permission to be listed as a reference.*
• *Teacher Name:*
• *Phone Number:*
• *Email Address:*
Verification: *Have you confirmed that you have met (or will meet) all other stated **prerequisites** required for the program(s) for which you are applying?* ☐ *Yes* ☐ *No*

I verify that the information provided in this application is true.
● *Student Name:*
● *Student Signature:*
● *Date:*
Parent/Guardian Consent:
★ **I am aware that my son/daughter is applying for the program(s) stated in this application. I support their application, and I give him/her my permission to participate in the program if accepted.**
★ **I acknowledge that any costs/fees associated with withdrawing from the program after the add/drop deadline are the responsibility of the parent/guardian.**
● *Parent/Guardian Name:*
● *Parent/Guardian Email:*
● *Parent/Guardian Phone Number:*
● *Parent/Guardian Signature:*
● *Date:*
School Administrator Approval:
● *Name:*
● *Signature:*
● *Date:*