



**UNIFIED SCHOOL DISTRICT AUTHORIZATION
FOR STUDENT TO APPLY FOR ENROLLMENT IN COURSES
OFFERED BY A KANSAS COMMUNITY COLLEGE**

I hereby certify that _____ is enrolled as a
(Student's Name)

sophomore, junior or senior at _____ and is recommended for
(Name of School)

enrollment in college courses authorized by 1993 Substitute for House Bill 2011 and the
Cooperative Agreement between USD _____ and Colby Community College.
(District No.)

Signature of High School Principal

Date

OFFICE USE ONLY:

___ Official transcript received

___ Documentation received

___ Affidavit required/notified ___

___ Award letter send