



CENTRAL PIEDMONT COMMUNITY COLLEGE

Career and College Promise
Pathway Approval Form Fall 2019 – Summer 2020
For Non- CMS Student Enrollment

Student Name: _____ CPCC ID: _____
(First) (Last) (MI)

Student Email: _____ Student Phone: _____

College Transfer Pathway: _____ Pathway Code: _____
and/or Career Technical Pathway: _____ Pathway Code: _____

Date of Birth: ____/____/____ Projected High School Graduation Date: ____/____
Month Day Year (This date should not be extended for any purposes of participation eligibility)

Semester of Enrollment: (check one) ___ FALL ___ SPRING ___ SUMMER
(Year) (Year) (Year)

***A separate pathway approval form must be submitted for each participating semester

Form containing eligibility criteria, questions about high school type and name, and instructions for submission. Includes sections for Transfer Pathways, Career/Technical Pathways, and a list of required documents like transcripts and assessment scores.

Principal/Designee's Signature _____ Date _____

By signing this form, the Principal/Designee certifies the above named student qualifies to participate in the Career and College Promise Program at Central Piedmont Community College.

Student Signature _____ Date _____

By signing this form, I also understand that I am responsible for ALL associated student fees and books for any courses taken. Student fees must be paid before the first start date. Any non-paid fees will prevent any future enrollment at Central Piedmont Community College.

Parent/Guardian Signature _____ Date _____ By

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