

COLLEGE LINK – COURSE REQUEST FORM

(Please print or type)

Student's name _____ Social Security Number* _____

Semester of Application Year _____ Spring Summer Fall

PRIMARY COURSE REQUESTS

SECONDARY COURSE REQUESTS

Subject	Number	Section	Lec.	Dis.	Act.	Subject	Number	Section	Lec.	Dis.	Act.
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Please list primary and secondary courses. This is to be done in case primary course is filled.

Student _____ Home Phone Number _____
signature date

For questions regarding course request information, contact Shannon Jennison at jennison@binghamton.edu

HIGH SCHOOL COUNSELOR APPROVAL AND RECOMMENDATION

The above named student is requesting admission to our College Link Program. Please provide input about the candidate's readiness for college-level coursework.

RECOMMENDATION: Summer Session Winter Session One Semester Until High School Graduation

Minimum number of credits per term _____ Maximum number of credits per term _____

Student's Cumulative High School Average _____ / _____

Guidance Counselor Signature _____ Date _____

Guidance Counselor Name (please print) _____

Phone Number _____ E-mail address _____

*Disclosure of Social Security number is voluntary and is used for admissions record-keeping purposes only. Authority to solicit the Social Security number has been established under Section 355 of the Education Law of the State of New York.