



## Accelerate Program Application Information

*Accelerate for High School Seniors*

Accelerate is a program offered at the Community College of Rhode Island that provides PPSD high school seniors with an opportunity to explore a career pathway and earn transferable college credits. Students take a full-time (12 or more credits) course load each semester and are eligible to earn college credit and credit for high school graduation simultaneously. Students will eventually select one of seven academic and career pathways below. Fall courses will focus on fulfilling high school graduation requirements and spring courses will focus on courses within a selected pathway.

### CAREER AND ACADEMIC PATHWAYS:

- HEALTH AND HEALTH ADMINISTRATION
- SCIENCE, TECHNOLOGY, ENGINEERING, MATH
- BUSINESS, ECONOMICS, AND DATA ANALYTICS
- ENVIRONMENT AND SUSTAINABILITY
- ARTS AND HUMANITIES
- FILM, MEDIA, AND COMMUNICATION

### Participation in Extra-Curricular Activities

Accelerate students may participate in athletics and other extra-curricular activities at their assigned high school. Extra-curricular activities are defined as those that occur before or after the school day and do not require participation in a course that supports the activity.

### Grade Information and Data

The Community College of Rhode Island operates under a different grading scale than most high schools. Courses through the Accelerate Program will be evaluated based on CCRI scale: A, B+, B, C+, C, D+, D, F. The college operates on a 4.0 grade point scale; however, the high school may figure the high school GPA according to the policies of the school system. The Community College of Rhode Island and the College Crusade will be collecting data concerning Accelerate students during the tenure of their studies at CCRI and following their high school graduation. The data will reflect the group and no student will be named individually. Data being collected will consist of the following: course grades, cumulative GPA, post-secondary education, high school attended, and satisfaction surveys. Students may receive follow-up surveys following their enrollment. All surveys are anonymous and optional.

### Accelerate Student Expectations

All students registered for a course through the CCRI Accelerate Program are expected to:

- Meet eligibility requirements and complete a CCRI Accelerate application by **June 15, 2021**
- Have a high school counselor complete the attached recommendation form, submit your HS transcript, and PSAT scores to [accelerate@ccri.edu](mailto:accelerate@ccri.edu)
- Attend all weekly Group Advising sessions
- Follow the policies given within the syllabus of each course instructor
- Address academic concerns with the CCRI and College Crusade Accelerate advisors and course instructors
- Register for CCRI and/or College Crusade tutoring if receiving grades below C
- Contact College Crusade Accelerate Coach for assistance with college admissions and any non-academic concerns or questions

### Questions

All questions about the CCRI Accelerate Program can be directed to [accelerate@ccri.edu](mailto:accelerate@ccri.edu)

**This form is the official contract between the Community College of Rhode Island and students and parents/guardians. By signing the Student contract Form Signature Page, you are stating that you understand and agree to the expectations outlined in this document (updated May, 2021).**

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

*If student is younger than 18, parent/guardian signature is required.*

*Email completed application forms to [accelerate@ccri.edu](mailto:accelerate@ccri.edu)*

Please print clearly.

Date of application		Social Security Number		
Last name	First name	Middle initial	Date of birth (mm/dd/yy)	
			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose	
Permanent home street address				
City		State/ZIP	E-mail address	
Cell number	Home number		I grant permission for you to text me important college information that may impact my academic progress and success. <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Is Rhode Island your legal and permanent state of residence?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If you have a non-Rhode Island permanent home address and you are claiming Rhode Island residency, you must submit a CCRI Application for In-State Residency and all required documentation. This information is available at <a href="http://www.ccri.edu/oes/admissions/residency/">www.ccri.edu/oes/admissions/residency/</a></small>				

The information that you provide helps us to comply with federal statistical reporting requirements only and will not, in any way, impact an admission decision on your application. Federal regulations require colleges to report enrollment data by racial, ethnic and gender categories.

<b>Ethnicity: (Not used for admission. Please check one.)*</b> <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Hispanic or Latino	<b>Race: Not Hispanic or Latino (Not used for admission)</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or more races
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\* Ethnicity/Race data reporting for federal purposes has changed. The selections that you see in this section are the choices as mandated by the federal government for higher education reporting purposes. Only statistical numbers are reported. No individual data appears on the federal reports.

**Authorization to Release Academic Records**
 **Authorization to Release Grades**

I authorize the Community College of Rhode Island to release all education records (including transcripts, semester course schedule, assessment test scores and residency information) to my high school counselor or his/her designee, my parent/guardian(s), the Rhode Island Department of Education and the RI Office of the Postsecondary Commissioner during my enrollment in dual enrollment courses at CCRI, for the purposes of jointly gaining secondary school and college credit.

I certify that the information that I have provided on this application is true and correct. Further, by signing this form, I agree to abide by the rules and regulations at the Community College of Rhode Island.

I also understand this release remains in effect during my enrollment in dual enrollment courses, unless I revoke my consent in writing and email it to the Office of Enrollment Services at CCRI at [webadmission@ccri.edu](mailto:webadmission@ccri.edu).

Applicant's signature

Application date

If under age 18, signature of parent/guardian

Application date



COMMUNITY COLLEGE  
OF RHODE ISLAND

**AUTHORIZATION TO RELEASE ACADEMIC RECORDS  
of Students Participating in Accelerate Program  
FERPA RELEASE FORM (Family Educational Rights and Privacy Act)**

I, \_\_\_\_\_, hereby authorize the  
(PLEASE PRINT FULL NAME)

Community College of Rhode Island to release All Academic/Transcript Records (records include: transcripts, semester course schedule, assessment test scores, Satisfactory Academic Progress status, residency information, and any other documentation contained in the academic records) to my school counselor or his/her designee, my parent/guardian(s), the Rhode Island Department of Education, and the Rhode Island Office of the Postsecondary Commissioner during my enrollment in dual or concurrent enrollment courses for the purposes of jointly gaining secondary school and college credit.

I also understand that this release remains in effect during my enrollment in dual enrollment courses at CCRI, unless I revoke my consent in writing and deliver it to the Office of Enrollment Services at CCRI.

Name of High School: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_  
(Please print)

Parent's Signature: \_\_\_\_\_  
(If student is under 18, the signature of a parent/guardian is required)

*Email completed application forms to [accelerate@ccri.edu](mailto:accelerate@ccri.edu)*



COMMUNITY COLLEGE  
OF RHODE ISLAND

COLLEGE CRUSADE FERPA RELEASE FORM  
(Family Educational Rights and Privacy Act)

I, \_\_\_\_\_ hereby authorize the Community College of Rhode Island to disclose the  
(PLEASE PRINT FULL NAME)  
following records for the purpose of sharing my educational records with The College Crusade of Rhode Island.

\_\_\_\_\_ All Financial Aid Records (records include: status of file, award and disbursement of funds information, Satisfactory Academic Progress status, and any other information contained in the application or financial aid file).

\_\_\_\_\_ All Academic/Transcript Records (records include: transcripts, semester course schedule, assessment test Satisfactory Academic Progress status, residency information, and any other documentation contained in the academic records).

\_\_\_\_\_ All Student Account Records (records include: amounts due for tuition and fees, sources of payment for tuition and fees, refund information, and any other accounts receivable information contained in student account records).

\_\_\_\_\_ Instructor/Classroom Records (records include: attendance records, progress reports, test and homework scores if available. Please note: instructors are not required to take attendance or provide progress reports, and retain only those records which make up the final grade. FERPA pertains to the release of stored records. Instructors are not required to have conversations about academic progress with anyone other than the student).

The following individual(s) are authorized to access the information indicated above:

Representatives of the College Crusade of Rhode Island.

Although I understand I am not required to release this information, I am giving my consent to the Community College of Rhode Island to disclose these records. I also understand that this release remains in effect during my participation in dual enrollment courses at the Community College of Rhode Island, unless I revoke my consent in writing and deliver it to the Office of Enrollment Services at the Community College of Rhode Island.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of parent or guardian: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

*(If student is under 18, the signature of a parent/guardian is required)*

The original of this form must be kept on file in the Enrollment Services Office.

*Please Note: Counseling Center and Services for Students with Disabilities records are considered medical records and not covered under the FERPA rules. A separate release form must be obtained from these departments*

# Accelerate Recommendation Form

*This page is to be completed by a high school counselor.*

Student's Name: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

High School Guidance Office: Please make a brief recommendation regarding the student's social and academic preparation for a college experience and list the specific courses the student needs to fulfill high school graduation requirements.

<b>Recommendation:</b>          
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Please list the **required courses for high school graduation** (right) that your student has permission to enroll in for the fall and spring semesters.

Required Courses for HS Graduation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
School Counselor's Name (print)

\_\_\_\_\_  
Name of High School

\_\_\_\_\_  
School Counselor's Signature

\_\_\_\_\_  
School Counselor's Email

\_\_\_\_\_  
School Counselor's Phone#

\_\_\_\_\_  
Date

Submit the completed application, including a **transcript** and **PSAT/SAT scores** to CCRI to [accelerate@ccri.edu](mailto:accelerate@ccri.edu) or mail to:

CCRI Flanagan Campus  
Office of Enrollment Services  
1762 Louisquisset Pike  
Lincoln, RI 02865

If you have any questions about the program or application process please contact us at:  
[accelerate@ccri.edu](mailto:accelerate@ccri.edu)

