

# Tunxis Community College HIGH SCHOOL PARTNERSHIP PROGRAM

## PROGRAM INFORMATION AND TERMS OF ACCEPTANCE

### PROGRAM CRITERIA:

This program is open to:

- students in their junior or senior year who have an overall “B” average,
- are recommended by their Guidance Counselor,
- and receive appropriate, college-level scores on the placement test or waiver based on SAT or ACT scores.

**The High School Partnership Program is a selective program.** Selected students are eligible to take one course per semester at Tunxis Community College free of charge (**on a space available basis**). Students will be responsible for their transportation to campus and book and supply expenses.

### THE APPLICATION PROCESS:

1. Students must submit:
  - A completed High School Partnership Program Application/Recommendation form
  - A current copy of the student’s high school transcript.

Our **Fall ‘13 course offerings** can be viewed by going to our website, [www.tunxis.edu](http://www.tunxis.edu). Then click on “Courses and Programs”, “Course Schedules” and the course schedule link.

Forward application materials to the Admissions Office, Tunxis Community College, 271 Scott Swamp Road, Farmington, CT 06032.

**All application materials must be received in the Tunxis Admissions Office prior to the deadline of Wednesday, June 5, 2013.**

2. After submitting application materials, students must call our Academic Support Center at 860.255.3570 to schedule their placement test. (Students will not be able to test unless a High School Partnership Program Application is on file.) A listing of test dates and times is enclosed.

To be accepted into the program, placement into college level coursework is required either through placement testing (all 3 sections required) or testing waiver (SAT or ACT scores – see enclosed waiver request form).

If you are taking the placement test, all 3 components must be taken in their entirety, regardless of the course desired, course pre-requisites, or lack of pre-requisites. Test results are used to determine a student’s admission to the Partnership Program and whether course pre-requisite levels have been met.

**Testing must be completed on or before Wednesday, July 10, 2013.**

### RETURNING PARTNERSHIP STUDENTS

**Students currently in the program ,who wish to continue in the Fall ‘13 term, must re-apply** by submitting an updated high school transcript and the Partnership application/recommendation form. They do not have to retake the College’s placement test. Students who do not re-apply will not be allowed to continue in the program. However, if higher placement test results are needed to meet a course pre-requisite, students re-applying do have the option to re-take the test for this application cycle.

### PREVIOUSLY NOT ACCEPTED?

If you previously applied to the High School Partnership Program and were not accepted, we encourage you to retake the placement test if you are reapplying. Your highest scores will be used to determine eligibility.

## **COURSE REGISTRATION INFORMATION:**

- All students applying to the program will be notified in writing regarding their acceptance status; letters will be sent in early August.
- Students accepted into the program will be informed directly by the Admissions Office as to the date of their required registration appointment.
- **Since registration is on a space available basis, registration for the High School Partnership Program takes place after final registration, just prior to the start of the semester.**

**FALL '13 AT TUNXIS COMMUNITY COLLEGE**  
**Fall classes begin Tuesday, September 3, 2013.**

5/1/13 AM

**HIGH SCHOOL PARTNERSHIP PROGRAM APPLICATION & RECOMMENDATION FORM**

TUNXIS COMMUNITY COLLEGE

Admissions Office

All information must be filled in completely.

This form must be received in the Tunxis Admissions Office prior to the deadline to be considered.

**FALL 2013 - DEADLINE: June 5, 2013**

Social Security #: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Student's Legal Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number (best place to contact you): \_\_\_\_\_

Student Email Address: \_\_\_\_\_

Gender:  Male  Female      CT Resident:  Yes  No      Citizenship:  US Citizen  
 Student Visa  
 Permanent Resident

Ethnicity-are you:      What is your race?  
 Hispanic /Latino       White       American Indian or Alaska Native  
 NON Hispanic/Latino       Black or African American       Other  
 Choose Not to Respond       Asian       Choose Not to Respond

High School: \_\_\_\_\_ Status:  Junior  Senior Year of Graduation: \_\_\_\_\_

Are you requesting a placement testing waiver based on SAT or ACT scores?  Yes  No

Previous enrollment in Partnership Program:      Yes: \_\_\_\_\_ No: \_\_\_\_\_

Please note courses you would be interested in taking:  
(\*Final course options will depend on placement test results, pre-requisite requirements and course availability):

CRN# (listed in College schedule): \_\_\_\_\_ Course Title: \_\_\_\_\_

CRN# (your second choice course): \_\_\_\_\_ Course Title: \_\_\_\_\_

To provide any additional information for the selection committee to consider, please feel free to attach a brief statement (optional).

**I agree that I have read and understand the Program Information and Terms of Acceptance.** If I am selected for this program, I understand that I will receive an acceptance letter from the College with registration information.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**TUNXIS COMMUNITY COLLEGE HIGH SCHOOL PARTNERSHIP PROGRAM  
APPLICATION & RECOMMENDATION FORM**

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**TO BE COMPLETED BY HIGH SCHOOL GUIDANCE COUNSELOR**

Applicant's First and Last Name: \_\_\_\_\_

Applicant's SASID: \_\_\_\_\_

High School Counselor Recommendation - Please provide a brief statement in support of the above applicant:

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\_\_\_\_\_  
High School Counselor Signature      Date

**Please attach the terms of acceptance page and a copy of your current transcript with this form.  
You must also schedule a placement test by calling our Academic Support Center at 860.255.3570.**

5/1/13 AM

TUNXIS COMMUNITY COLLEGE  
**APPLICATION FOR "EXEMPTION" FROM PLACEMENT TESTING**

Note: This waiver does not override prerequisites.

**\*\* HIGH SCHOOL PARTNERSHIP PROGRAM APPLICANT \*\***

Name \_\_\_\_\_ Email \_\_\_\_\_

Banner Student ID \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ I scored 450 or higher on the **SAT English (Critical Reading or Writing)** within the last 2 years. I am eligible for ENG\*101: Composition. NOT VALID WITHOUT DOCUMENTATION

\_\_\_\_\_ I scored 500-549 on the **SAT Math** within the last 2 years. I am eligible for MAT\*135 or MAT\*137. NOT VALID WITHOUT DOCUMENTATION

\_\_\_\_\_ I scored 550 or higher on the **SAT Math** within the last 2 years. I am eligible for MAT\*141,\*146,\*152,\*165, or any lower math. NOT VALID WITHOUT DOCUMENTATION

\_\_\_\_\_ I scored 21 or higher on the **ACT English (or 47 or higher on the ACT English and Reading combined)** within the last 2 years. I am eligible for ENG\*101: Composition. NOT VALID WITHOUT DOCUMENTATION

\_\_\_\_\_ I scored 18-21 on the **ACT Math** within the last 2 years. I am eligible for MAT\*135 or MAT\*137. NOT VALID WITHOUT DOCUMENTATION

\_\_\_\_\_ I scored 22 or higher on the **ACT Math** within the last 2 years. I am eligible for MAT\*141,\*146,\*152,\*165, or any lower math. NOT VALID WITHOUT DOCUMENTATION

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

PLEASE RETURN TO: Garth Pelton, Academic Support Center  
Tunxis Community College, 271 Scott Swamp RD  
Farmington, CT 06032  
Fax: (860) 255-3581 / Voice: (860) 255-3574