



COLLEGE OF THE
ALBEMARLE

Division of Corporate & Continuing Education

The high school student(s) listed below is (are) taking at least three high school courses and is (are) making appropriate progress toward graduation.

Must be completed by the principal.

_____ *(full name of the student) has my permission to enroll in the following class (es) as listed in the Corporate & Continuing Education Class Schedule for (please circle the correct semester) FALL SPRING SUMMER, 20_____.

Class Name and Dates: _____

Principal **Date**

Name of High School

*If more than one student is given permission to take the same course, their names may be listed below:

