# EKU Jump Start & High School Special Recommendation Form

**To be completed by student's high school guidance counselor or principal.**

***Instructions:*** This completed form should accompany the EKU High School Special & Jump Start application to be submitted to the EKU Admissions Office, SSB 11 CPO 54, 521 Lancaster Avenue, Richmond, KY 40475, prior to the beginning of each semester of enrollment. No separate letter of recommendation is necessary. If student has already applied, please forward this form to the EKU Admission's Office as soon as possible. (Note: additional copies of this form are available at http://www.enrollment.eku.edu/jumpstart/form.php)

***Recommendation:*** **EKU requires that Jump Start students take the ACT or SAT and submit those scores to the EKU Admissions Office**. This will provide the jump start student with the largest selection of potential classes, including certain math and English classes, as many classes have minimum ACT scores as pre-requisites. High School Special Students are encouraged to take the ACT or SAT, but it is not required.

***Registration for Classes*:** The Jump Start students will receive their EKU Registration Access Code (RAC #) at one of the Jump Start Advising and Registration Sessions to be held on their EKU campus they plan to attend. Participation at one of these meetings is mandatory. Students should go to http://www.enrollment.eku.edu/jumpstart/sessions.php to view the session dates. Students must be fully admitted to EKU prior to attending a session and need to reserve a space early for the session of their choice. High School students may contact the Office of Academic Advising, SSB 347, 859-622-2276, after receiving their letter of admission.

Date:_____

Student name:_____
First name Middle name Last name

Student social security number:_____--_____--_____

High School:_____

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A. **I** _____ **certify that this high school student has my permission**
High School Guidance Counselor or Principal (please print)
**to participate in EKU's Jump Start program or as a High School Special Student. (Please circle one)**

B. **I confirm that the above student meets the following EKU program requirements:**
*Required by EKU:*

☐ **Is in good academic standing with his/her home high school.**

☐ **Has senior class standing. (Required for Jump Start only)**

C. **Time Constraints?** Are there time restrictions for this student, (e.g. can only take 8AM classes)? If so please specify the clock time this student has available for class(es). **Clock time:** _____
*(Although this will help us to guide the student we cannot guarantee that there will be classes available to meet any stated choices and/or time constraints, the later a student registers the more difficult it is to meet all selection criteria).*

D. **Subject Areas?** Are there any particular courses or subject areas you would suggest for this student?
*A list of options is valuable because many classes fill rapidly and EKU staff may need to assist student in searching for a class.*

**Suggested class choice or subject area:**

_____

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**E.** EKU Campus where classes will be taken: ☐ Richmond ☐ Corbin ☐ Danville ☐ Manchester

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***Required Signature*:**_____ ***Date:***_____
High School Guidance Counselor or Principal