## Norwich University Early College Program (ECP) Principal/Headmaster Authorization Form



## **Student Information**

Last Name	First Name	МІ
Student Remaining High Sc	hool Graduation Requirements	
	Subject	Credits
Counselor: By signing below	v you agree that the courses listed above satisfy the	student's remaining High
School graduation requirem	nents. Further, you believe this student has the acade	emic aptitude and a level
of maturity that positions h	im/her well to succeed in college.	
Counselor Name	Counselor Signature	Date
<b>Principal/Homeschool:</b> By s	signing below you agree to give the above named stu	dent permission to
attend Norwich University f	for his/her senior year of high school. If he/she does	not meet college
academic or behavioral star	ndards, you will either readmit the student or refer h	im/her to the Vermont
Adult Learning High School	Completion Program. Finally, you believe this studer	nt has the academic
aptitude and a level of matu	urity that positions him/her well to succeed in college	е.
Principal Name	Principal Signature	Date