Dear Applicant,

The Upward Bound/Upward Bound Math Science project is a college preparatory program administered through the University of Wyoming and funded by the US Department of Education. We assist high school students who are income-eligible and/or who are potential first generation college students to prepare for successful entry into a four-year college degree program. Academic programs, enrichment programs and our residential summer session are intended to:

▪ increase high school graduation rates
▪ increase student GPAs and competency in a number of subject areas including college preparatory courses
▪ prepare students to pursue financial aid opportunities
▪ prepare students for successful college application and entry and
▪ increase the number of students earning a college degree

Academic-Year Support: Students receive year-round academic support including required weekly tutoring sessions, assistance with preparation for standardized exams, enrichment programs, guidance in researching college options and completing college applications, and assistance with the financial aid process for both students and parents. In addition, Upward Bound student participants have the opportunity to earn quarterly stipends (dependent on GPA and program participation) throughout the academic year.

Summer Program: Upward Bound participants attend a six-week summer program at the University of Wyoming campus. Program components include coursework in English, math, sciences, computer technology, college preparation skills, and individualized research mentorships in addition to varied recreational, social, outdoor and educational activities. Programs and services are provided at no cost to students and all costs for the summer session including, books, supplies, room and board, and stipends are provided through the project.

Bridge Component: Upward Bound participants who consistently meet project goals and attend summer sessions become eligible to apply for the Bridge Scholarship. Students who receive this scholarship may take up to six credits of college coursework at the University of Wyoming in the summer after their senior year. UB/UPWARD BOUND MATH SCIENCE pays for room, board, books, supplies, student fees, and tuition for students during their Bridge summer.

Eligibility
You qualify for the Upward Bound/Upward Bound Math Science program if

▪ You are currently in the 9th, 10th, or 11th grades and attending school in Wyoming.
▪ You meet income guidelines and/or neither parent has received a four-year college degree. Income guidelines for eligibility are based on a combination of family size and taxable income- your local UB Coordinator will help you to determine if you meet eligibility standards.
▪ You have a cumulative GPA of 2.00 or higher and the potential to significantly improve toward a GPA consistent with college entry with the academic assistance of the UB program.
▪ You are a US Citizen, permanent resident, or can provide verification from the INS of your intent to become a permanent resident.
▪ You fully intend to pursue a four-year college degree program with the considerable assistance and group and individualized programs available to you through Upward Bound.

For more information on Upward Bound eligibility and opportunities, contact Pam Richardson, Project Director at 307-766-6189, (800) 464-7019, or via e-mail at richards@uwyo.edu or go online at http://www.uwyo.edu/seo/upward-bound

Persons seeking admission, employment, or access to programs of the University of Wyoming shall be considered without regard to race, color, religion, sex, national origin, disability, age, veteran status, sexual orientation, or political belief.

TRIO

The University of Wyoming Upward Bound Project is 100% federally funded by the Department of Education at $498,770 annually. The University of Wyoming Upward Bound Math Science Project is 100% federally funded by the Department of Education at $313,594 annually. UB and UBMS are in the office of Student Educational Opportunity, a Unit of Student Affairs at the University of Wyoming.
**Student Information** (Please Print)

Program applying for: ☐ UB ☐ UPWARD BOUND MATH SCIENCE

Today’s Date: __________________________

NAME: ________________________________________________________________

Gender: ☐ Male ☐ Female

Age ______ Date of Birth: _____/_____/_______

Student Social Security Number (required): ______-____-_____

Name: __________________________________________________________________________

Last First MI

Email: __________________________________________

Address: __________________________________________ City: __________________________ State: _______ Zip: _______

Home Phone: __________________________ Alternate Phone: __________________________ Student Cell: __________________________

Student can receive text/email message updates from the project ☐ Yes ☐ No

Ethnicity: check all that apply

☐ Caucasian ☐ African-American ☐ Hispanic/Latin American ☐ Asian American

☐ Native American ☐ Native Hawaiian/Pacific Islander ☐ Other: __________________________

What is the primary language(s) spoken in your home? ________________________________________________________________

Are you a US citizen or Legal Resident of the US? ☐ Yes ☐ No

(If your response is “no,” please include verification from the Immigration and Naturalization Service of your intent to become a permanent resident.)

Disability ☐ Yes ☐ No

Disconnected Youth ☐ Homeless ☐ Foster Care ☐ Juvenile Justice

What are your academic interests, career and educational goals?

_____________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________

Why do you want to participate in the Upward Bound/UPWARD BOUND MATH SCIENCE program?

_____________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________

Are you enrolled in any of the following programs (Circle any program you are currently enrolled)

GearUP / (ETS) Educational Talent Search / (EOC) Educational Opportunity Center / College Access

Please indicate your need for program services below by putting the number 1 next to your primary need.

☐ 03 Low educational aspirations

☐ 07 Lack of opportunity, support, and/or guidance to take challenging college prep courses

☐ 08 Lack of career goals and/or need for accurate information on careers

☐ 10 Lack of confidence, self-esteem, and/or social skills

☐ 11 Predominately low income community

☐ 12 Rural isolation

☐ 13 Interest in careers in math & science

☐ 14 Other __________________________

☐ 15 Diagnosed learning disability
School Information

Current School ___________ Grade ___ Current GPA____ Name of Counselor _____________________
______Score on Reading/ Language Arts State Assessment _____ Score on Math State Assessment

*****You must include a current transcript including standardized test scores with your application*****

Parent Information to be completed by your parent(s) guardian(s).

Mother/Guardian Full Name: ______________________________________________________________

Highest educational level biological/legal mother completed (please check)

___High School (9-12)   ___Associates Degree   ___Bachelor’s Degree or beyond

Primary phone: __________________Work:__________________Other (email,cell):__________________

Father/Guardian Full Name: ______________________________________________________________

Highest educational level biological/legal father completed (please check)

___High School (9-12)   ___Associates Degree   ___Bachelor’s Degree or beyond

Primary phone: __________________Work:__________________Other (email,cell):__________________

Marital status: ___Married   ___Divorced   ___Separated   ___Single   ___Widowed   ___Other

Student primarily lives with: ______________________________________________________________

Parent(s)/Guardian(s) Name

Income Information to be completed by parent/guardian with whom the student lives with or by the
parent(s)/guardian(s) providing at least 50% of student’s financial support.

Annual Taxable Income $______________ Household/Family Size (#) ______________

Note: We base eligibility on ‘taxable’ rather than ‘gross’ income. This will not be your total income but can be
found as the last income reported before federal taxes are included on your tax return.

****Please provide a complete copy of your most current tax return so that we can determine if your
child meets our income-eligible guidelines.

CERTIFICATION

I, __________________________________ am the parent or guardian of _____________________________ (minor). I hereby certify that
the information in this application is correct and true to the best of my knowledge and give consent for him/her to participant in the activities
planned in conjunction with the University of Wyoming’s Upward Bound/UPWARD BOUND MATH SCIENCE project. I hereby recognize that
there are risks involved with respect to the activities contemplated in this program. I hereby assume such risks and release the liability arising
out of any injury that may be sustained by the above mentioned minor that might arise out of the simple negligence of the University of
Wyoming, its agents, employees, or students. I understand that in the event of a medical emergency attempts will be made to contact me;
if said attempts are not immediately successful, the supervisors of the UB/UPWARD BOUND MATH SCIENCE project may refer the above
named minor to a licensed medical practitioner(s) and/or clinic and hereby consent that such physician, hospital, or clinic may treat said
minor in response to the medical emergency.

I give permission to include my child’s name, photos or statements in publications and communications which feature the Upward Bound
program or highlight participant achievements and accomplishments. Yes ☐ No ☐

_______________________________ ___________________________ ______________
Parent/Guardian’s Name (Print)    Signature       Date

Address (If Different from child’s) ___________________________ City__________ State_____ Zip________

Student Signature_________________________________________ Date________________________
Medical Information
Student Name: ____________________ Parent/Guardian Name: ____________________
Home Address: ________________________________________________________________
Billing Address (if different): __________________________________________________
Primary emergency contact phone #: __________________ Secondary phone# _____________

ALTERNATE EMERGENCY CONTACT INFORMATION:
Emergency Contact 1: ___________________________ Relationship: __________________________
Telephone: ___________________________ Other __________________________

Emergency Contact 2: ___________________________ Relationship: __________________________
Telephone: ___________________________ Other __________________________

DOCTOR/INSURANCE INFORMATION:
Physician/Clinic: ___________________________ Phone: ___________________________
Health Insurance Company (if none, write "NONE"): ___________________________
Name of Policy Holder: ___________________________ Identifying # (Group/Policy): ___________

ALLERGIES (if none, please write "none"):
Allergies (food, medications, environmental, etc): ________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
Date of last tetanus shot (if unknown, please write "unknown"): ___________________________

Is your child currently taking any prescription or over-the-counter medications? If so, please give reason, frequency, and dosage. ________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
Is there any reason for limiting your child's participation in any physical activity?
_________________________________________________________________________________
_________________________________________________________________________________

Are there any other health concerns we should know about (injuries, illnesses, surgeries, emotional/behavioral or learning disabilities)?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Proof of MMR (measles, mumps and rubella) Vaccinations
The University of Wyoming requires that all resident students provide proof of 2 MMR (measles / mumps / rubella) vaccinations. Please include a medically signed proof of MMR vaccinations with your registration materials or your clinic or doctor may fax the record to UB/UPWARD BOUND MATH SCIENCE at 307-766-4010.
STUDENT RESPONSIBILITIES

The Upward Bound/UPWARD BOUND MATH SCIENCE programs assist students in preparing for entry to a college degree program. Although UB/UPWARD BOUND MATH SCIENCE provides extensive opportunities for personal and academic growth, participants and their families must take individual responsibility for taking advantage of the programs offered, accessing and engaging in opportunities for academic enrichment, and communicating both problems and successes to the project coordinator. The University of Wyoming UB/UPWARD BOUND MATH SCIENCE grants allow us to support a few selected students per year in each service area. We, therefore, invest a large amount of both time and monetary resources in each student. Students who wish to enter the program and remain active participants agree to fulfill the following requirements:

RETENTION GOALS: Upward Bound and UPWARD BOUND MATH SCIENCE have very strong retention goals. Participants agree to remain in the program through their graduation from high school and to attend a minimum of one University of Wyoming Summer Session.

STIPEND REQUIREMENTS: Students are eligible to receive a $40 monthly stipend after the first 60 days of project acceptance. They must earn the stipend by meeting the monthly participation requirements which will include, at a minimum, enrichments and any tutoring directed by the site coordinator. Students must also maintain a GPA of at least 2.5 and show satisfactory academic progress. Due to the unique situation at each site, the site coordinator has the discretion to determine the exact requirements for earning the stipend.

PARTICIPATION & ATTENDANCE: Students agree to attend and actively participate in all required programs including enrichment programs, meetings, tutoring sessions, required testing sessions and at least one on-campus summer program. This expectation extends to attendance and full participation in all high school classes and taking advantage of additional academic opportunities offered through your high school such as Advanced Placement courses.

CURRICULUM: Students agree to enroll in high school courses that will advance their qualifications for successful application to college including taking a minimum of three college preparatory courses each semester and taking higher-level math and science courses in both their junior and senior years.

GPA: Students must enter the program with a minimum GPA of 2.00 and, subsequently, show clear academic progress on a monthly basis in meeting minimum GPA standards based on their grade level and consistent with preparing for entry to college.

PERSONAL BEHAVIOR: Students are expected to be respectful toward staff and fellow students at all times. This includes displaying polite behavior toward each other and toward project guests and speakers, solving problems or conflicts in a calm manner, meeting deadlines, attendance at all required functions, and being on time for appointments. Students are expected to take the initiative in communicating to their coordinator any problems related to academic and personal success that may cause them to fail to meet their responsibilities to the project.

COLLEGE PREPARATION: Participants agree to actively engage in preparation for college entry during their Junior and Senior years through accessing opportunities for completing ACT/SAT tests and/or test preparation courses, conducting research on college degree programs and scholarship opportunities, applying to appropriate colleges, completing the FAFSA in a timely manner, and contacting appropriate high school and/or UB/UPWARD BOUND MATH SCIENCE personnel for assistance.

TRACKING: UB and UPWARD BOUND MATH SCIENCE is funded by a federal grant through the Department of Education. In order to maintain grant standards and renew our funding, we must report on student progress regularly. Students agree to complete and return all forms asking for such data in a timely manner throughout their high school and college years. In addition, participants agree to keep the UB/UPWARD BOUND MATH SCIENCE office informed of any change of address and, further, agree to continue to provide tracking information regardless of whether they remain in the program.

PARENTS: Parents share the responsibility for student success and helping students to maintain an active status in the UB program. Parents agree to provide or arrange for transportation to UB/UPWARD BOUND MATH SCIENCE activities and tutoring sessions, ensure that students attend all sessions and meetings including ensuring their regular attendance at school, monitor student coursework and course choices, complete required documents in a timely manner, and work closely with your Coordinator and school counselors in preparing your child for college.

As a student, I understand the purpose and goals of the UB/UPWARD BOUND MATH SCIENCE program and, if accepted, I agree to fulfill the expectations and responsibilities. As the parent or guardian of a potential UB/UPWARD BOUND MATH SCIENCE participant, I agree to assist my child in meeting expectations and fulfilling program goals.

Student Signature: ___________________________ Date: __________

Parent Signature: ___________________________ Date: __________

University of Wyoming Upward Bound/Upward Bound Math Science Programs  Dept. 3808 1000 E. University Ave., Laramie, WY 82071

UB/UBMS PROJECT APPLICATION 2018 Updated 8/2018
Students complete only those fields that are highlighted! Students name, address email, phone, ssn, and signature are required before you can receive a stipend!

Vendor Form/Substitute W-9

Instructions: If you are a U.S. citizen, resident alien or U.S. business, please provide all information as requested in the spaces provided. If you, the recipient, or the beneficiary of the payment is not a U.S. citizen, resident alien or U.S. business please provide all information as requested, but DO NOT sign the certification in Section B and contact the Tax Office at 307-766-2821 to complete the additional required tax forms.

General Terms & Conditions can be found on the following web site: http://www.uwyo.edu/procurement/
Payment Terms: Net 45
UW is a tax exempt organization.

Section A - All Vendors Must Complete

<table>
<thead>
<tr>
<th>General Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company, Business or Individual Name:</td>
</tr>
<tr>
<td>Order Address: City: State: Zip:</td>
</tr>
<tr>
<td>Order E-Mail Address:</td>
</tr>
<tr>
<td>Bid Solicitation Address: City: State: Zip:</td>
</tr>
<tr>
<td>Bid E-Mail Address: Bid Fax #:</td>
</tr>
<tr>
<td>Remittance Address: City: State: Zip:</td>
</tr>
<tr>
<td>Sales Contact: Phone #: Email:</td>
</tr>
<tr>
<td>Management Contact: Phone #: Email:</td>
</tr>
<tr>
<td>Toll Free Phone Number: WWW Address:</td>
</tr>
<tr>
<td>DUNS Number:</td>
</tr>
</tbody>
</table>

ALL COMPANIES PRODUCING PRODUCTS BEARING THE UNIVERSITY’S MARKS MUST RECEIVE PRIOR APPROVAL THROUGH THE UNIVERSITY’S LICENSING OFFICE

Statement of Employee Ownership Interest

☐ Yes ☐ No Is any University of Wyoming employee an Officer, Director, Partner, or hold any paid position in this company?
☐ Yes ☐ No Does the University of Wyoming provide employment for any party (or their spouse or minor child) that has a 5% or greater ownership interest in this company?

If you have answered yes to either question please attach a list identifying these individuals and their relationship to your company.

Section B – Substitute W-9: Request for Taxpayer Identification Number and Certification – All Vendors Must Complete.

Check Federal Tax Classification

☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/Estate
☐ Limited Liability Company Enter the tax classification (C= Corporation, S= S Corporation, P=Partnership)
☐ Government agency or organization that is tax-exempt under IRS guidelines
☐ Foreign Individual ☐ Foreign Business ☐ Other
☐ Check as many as apply: ☐ Medical Service Provider ☐ Lawyer/Attorney ☐ Agent

Required: 1099 Address, if different

Taxpayer Identification Number

Employer Identification Number (EIN) — — — — — — — — — — — — — — — — — — — — — — — or — — Social Security Number — — — — — — — — — — — — — — — — — — — — — — — —

(Continued on page 4)
Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Authorized Signature

I certify that the information supplied herein (including all pages attached) is correct and that neither the applicant nor any person (or concern) in any connection with the applicant as a principal or officer, so far as is known, is now debarred or otherwise declared ineligible by the U.S. Government or by any Governmental agency of the State of Wyoming from bidding or furnishing materials, supplies or services to the U.S. Government or Wyoming State Government or any agency thereof.

Signature _______________________________ Date ____________________________

Payee Information Return Instructions

1. If you or your business receive payments from the University of Wyoming, this form must be completed and signed before checks can be issued to you. Forms that are illegible or incomplete will not be processed.
2. Forms for Payee vendors only should be mailed to the address included in the upper left corner of the form or faxed to 307-766-6762.
3. If you require assistance in completing the form, please call 307-766-5296.
4. All checks are issued by the U of W Payables Office. A form in the remittance advice (check stub) shows the vendor invoice number or description. Please ensure that whenever possible your billing system provides this information so that we can better identify payments to you on the remittance advice.

INSTRUCTIONS:

1. Items 1-7 Section A and Section B must be completed on an initial application for the form to be processed. To revise an address, complete applicable item in Section A and provide either the SSN or EIN in Section B.
2. Tax Residency: Indicate only one tax residency status. If you are not a resident of the USA for tax purposes, please specify your tax home. If you have questions on tax residency, contact the Tax Compliance Accountant at 307-766-2821.
3. Sign and date the certification. Sole proprietorships and individuals must sign for themselves. For other entities, an authorized person must sign the certification.

Clear Form

4 | Revised 9/9/14
Release of Information
In order to track the progress of Upward Bound participants through high school and college graduation and to determine the status of current and future participation in the program, UB staff will need to access student information. Information on current and past academic standing, course work, final and interim grades, attendance, classroom behavior, placement scores, standardized testing scores, college enrollment status, scholarship or financial aid application and award status, and official transcripts may be requested from instructors and current or previously attended schools and colleges. In addition, we are required to share extensive student data including GPA, enrollment status, income and/or first generation status, and social security number with the US Department of Education.

- I authorize the release (including via fax transmittal) of confidential student information, as described above, to Upward Bound and University of Wyoming staff and I authorize them to release this information to the US Department of Education in association with grant reporting. I understand that this information is to be used for appraising the effectiveness of the UB program and services, increasing the effectiveness of the program, to maintain active grant status, and to determine current and future participation status.

- I authorize the release of student contact information and student file information for the purpose of referral to other federal TRIO programs and services for which I am likely to be eligible including college-level services such as Student Success Services and the McNair Scholars program.

Student Signature ________________________________ Date ________________
I, as the parent or guardian of an UB participant, authorize the release of the information described above (including via fax transmittal) on behalf of my minor child.

Parent/Guardian Signature ________________________________ Date ________________

TRIO

DATE: ________________

TO: ___________________________ FAX: ___________________________ VOICE: ___________________________

FROM: Pam Richardson, Director
Upward Bound/Math Science, Univ of Wyoming
Dept. 3808
1000 E. University Ave.
Laramie, WY 82071

E-MAIL: richards@uwyo.edu
TOLL-FREE (800) 464-7019
VOICE: (307)766-6189
FAX: (307)766-4010

RE: For (Student Name) ________________________________ Grade ________________ DOB ________________

Please provide ____________________________________________________________

_______________________________________________________________________________

Thank you and please contact me if you need clarification or further information.

Print ___________________________ Signed ___________________________
Permission To Ride in Vehicles

I hereby give my permission for the student listed below to be transported in vehicles driven by University of Wyoming Upward Bound/Upward Bound Math & Science (UB/UBMS) staff. The transportation will be limited to official UB/UBMS events and activities. The transportation may occur in UW fleet vehicles, vehicles rented from a third party by the program, or vehicles belonging to UB/UBMS staff.

I understand that the UB/UBMS program may contract a bus or other similar mode of transportation with a driver. I further give permission for my student to be transported in these contracted vehicles. I further understand that as pursuant to UW’s Minor on Campus policy, that my student will be accompanied by 2 or more adults regardless of the number of students present.

Name of Student _____________________________________

___________________________________
Name of parent/Guardian

___________________________________
Signature of parent/Guardian   Date

Permission to Text

I hereby give my permission for the student listed below to use text messaging with University of Wyoming Upward Bound/Upward Bound Math & Science (UB/UBMS) staff. The text messaging will be limited to official UB/UBMS events and activities for official academic purposes only. This cell phone use and texting is sometimes necessary to ensure appropriate and adequate communications of coursework.

Name of Student _____________________________________

___________________________________
Name of parent/Guardian

___________________________________
Signature of parent/Guardian   Date
Recommendation Form

Please have either a school counselor or one of your teachers complete the recommendation form.

Name of student _______________________________ Your name ___________________________________

Position and school ________________________________________________________________________

Phone or e-mail: _____________________________ How long have you known the student? __________

The Upward Bound/UPWARD BOUND MATH SCIENCE program is a federally funded program administered through the University of Wyoming. The purpose and goals of the program are to assist students who are income-eligible and/or potential first generation college students to succeed academically in high school, enter a four-year college degree program, and graduate with a bachelor’s degree. UB/UPWARD BOUND MATH SCIENCE provides academic year tutoring and enrichment programs in target schools, a six-week summer residential program in which students take core coursework and engage in scientific research, and assists students with college preparation and enrollment. Please complete this recommendation form based on your knowledge of the applicant and their potential to utilize program opportunities to pursue a college degree.

How would you characterize the student’s academic ability and/or potential?

____________________________________________________________________________________

____________________________________________________________________________________

How would you characterize the student’s basic skills (English, math, study habits, etc.)?

____________________________________________________________________________________

____________________________________________________________________________________

How would you characterize the student’s interest in pursuing a four-year college degree program?

____________________________________________________________________________________

____________________________________________________________________________________

How could this student benefit from participation in Upward Bound?

____________________________________________________________________________________

____________________________________________________________________________________

Summary (circle one): strongly recommend / recommend / recommend with reservations / do not recommend

Signature ___________________________________________ Date ______________________

Thank you for taking the time to complete this form. Please feel free to contact us if you have any questions about the project or if you would like to provide an application to other students.
Complete Application Checklist (Please be sure that you’ve included all forms & filled in all necessary information)

- Student Information (page 2)
- School Information (page 3)
  - Include a school transcript with all test scores
- Parent Information (page 3)
  - Education level verification
- Household and Income Verification (page 3)
  - Provide a copy of your most recent tax return
- Certifications and Model release (page 3)
- Medical Information (page 4)
- Signed record of two MMR vaccinations
- Acknowledgment of Student and Parent Responsibilities (page 5)
- Vendor Application (pages 6-7)
- Release of Information (page 8)
- Permission to Ride form and Permission to Text Form (page 9)
- Recommendation Form (page 10)

Filled out by: ________________________________

Is this form being sent separately? ______

---

**OFFICE USE ONLY**
(Must be completed by site coordinator)

**Income Eligibility and Admission Documentation:**

Income/ Eligibility _____ FG/LI _____LI only _____ FG only _____High risk for academic failure

Application Received: ________________________________  Admit ____Deny____ Date Admitted: _________

Coordinator Signature: ________________________________  Date: ________________________________

Director Signature: ________________________________  Date: ________________________________

Bluemen Entry Date: ________________________________