



Central Ohio Technical College
The Gateway – Student Records
 1179 University Drive, Newark, OH 43055
 Phone: 740-364-9594 ■ Fax: 740-366-9160
 cotcgateway@cotc.edu

High School Recommendation Form
(Concurrent Enrollment)

Submit this form to The Gateway as part of the application process for the Concurrent Enrollment Program.

Last Name	First Name	Middle Name	Date of Birth
Address		Phone Number	
City	State	Zip	

High School Name _____

Concurrent Enrollment Options Program (check one)

- I recommend** the student named above participate in the Concurrent Enrollment Options Program, as he/she has the academic capacity and maturity to enroll in college coursework.
- I do not recommend** the student named above participate in the Concurrent Enrollment Options Program, as he/she is not academically ready and/or does not have the level of maturity needed to enroll in college coursework.

Guidance Counselor (Signature) _____	Date _____
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Guidance Counselor (Print) _____	Phone or Email _____
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Gateway Use Only: CRI Code AMCCEREC added with status "Received"

COTC ID: _____

Processed by: _____ Date: _____