

Central Ohio Technical College

The Gateway – Student Records

1179 University Drive, Newark, OH 43055
Phone: 740-364-9594 ■ Fax: 740-366-9160
cotcgateway@mail.cotc.edu

<u>High School Recommendation Form</u> (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 Nun	nber
City	State	ZiĮ)
High School Name			
Concurrent Enrollment Optio	ons Program (check one)		
			ollment Options Program, as he/she
	pacity and maturity to enroll	in college coursework.	
☐ I do not recomn	nend the student named abov	ve participate in the Concurr	ent Enrollment Options Program, as ity needed to enroll in college
☐ I do not recomn he/she is not acc coursework.	nend the student named above ademically ready and/or does	ve participate in the Concurr s not have the level of matur	· · · · · · · · · · · · · · · · · · ·
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I do not recomn he/she is not acc coursework. Guidance Counselor (Signatur Guidance Counselor (Print)	nend the student named above ademically ready and/or does re)	ve participate in the Concurr s not have the level of matur Da	ity needed to enroll in college
☐ I do not recomn	nend the student named above ademically ready and/or does re)	ve participate in the Concurr s not have the level of matur Da	ity needed to enroll in college