

# Jumpstart Concurrent Enrollment Program Approval Form

School Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

High School Principal: \_\_\_\_\_ Email Address: \_\_\_\_\_

(One form per Instructor)

CCSD Course(s) Infinite Campus #	CSN College Course	Teacher's Name	Teacher's Contact Phone/ Email	Jumpstart Office Receipt Initials
			Phone: _____	
			Email: _____	

Print Name: \_\_\_\_\_

High School Principal's Approval: \_\_\_\_\_ Date : \_\_\_\_\_

## CSN ADMINISTRATION USE ONLY

(Please Return completed form to Nora Mirabal, Jumpstart Program HN200)

College Course(s)	PLEASE CHECK ONE :	CSN APPROVING DEPARTMENT ONLY	
	<p style="background-color: #ffff00; display: inline-block; padding: 2px;">Approved ( <input type="checkbox"/> )</p> <p style="background-color: #ffff00; display: inline-block; padding: 2px;">Denied ( <input type="checkbox"/> )</p>	Date credentials received :  _____	<p>_____</p> <p style="text-align: center;">Person who received credentials (Print Name )</p>
	Department Chair Signature  _____	Date credentials reviewed :  _____	<p>_____</p> <p style="text-align: center;">Signature</p> <p style="text-align: center;">Date _____</p>

**(Please return completed form to Nora Mirabal or Chanel Conner)**

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