DUAL CREDIT INTEREST AND RATIONALE FORM

STUDENT TO COMPLETE

STUDENT NAME:

(check on	e)
	Central Algoma S.S.
	Chapleau Public School
	Elliot Lake Secondary School
	Holy Angels Learning Centre
	Hornepayne School
	Kina Awiiya Secondary Program
	Korah Collegiate & Vocational School
	Michipicoten High School
	Prince Charles Secondary School
	St. Mary's College
	Adult Learning Centre - Sault Ste. Marie
	School College Connection (SCC)
	Superior Heights C & VS
	W. C. Eaket Secondary School
	White Pines Collegiate & Vocational School

(check one)

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Grade 11	Female	Another Gender Identity	
Grade 12	Male		

What dual credit are you applying for?

Are you registered in a	SHSM?	N/A
Arts and Culture		Health & Wellness
Aviation		Hospitality & Tourism
Business		ICP
Construction		Manufacturing
Environmental		Non-Profit
Energy		Sports

Energy			Sports	
Have you take	n a dual o	credit o	course before?	N/A
Which one(s):				
Do you have a	ccess to t	he inte	ernet at home?	
Yes	No (chec	k one)		
Email address:				

Do you have an IEP? Yes No (check on	Do you have an IEP?	Yes	No (check one,
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Transit Bus Pass Required? Yes No (check one)

Rationale: Explain why you are interested in taking a dual credit course offered at Sault College.

Check all that apply below

I wish to gain confidence in my ability to succeed
I am looking for career clarification
I am unsure of my pathway beyond secondary school
I have not previously considered college as an immediate post-secondary next step
I see little connection between my secondary school program and my preferred future
I lack confidence socially and/or academically
I have numerous absences at high school
I am at risk of dropping out

I am not on-track to graduate in 4/5 years

I was making progress, but progress has slowed

I previously dropped out and returned to school

I am over age for the grade level I'm in

Students MUST attend their Orientation Session.

none of the above

Experience has shown that the orientation program is critical to your success in your college course. The date and time of this session is indicated in your confirmation letter/email.

This information is collected pursuant to the School Board's responsibilities as set out in the Education Act and its regulations. This information is collected for educational purposes and is within guidelines set out in the Municipal Freedom of Information and Protection of Privacy Act, 1989.

Freedom of Information and protection of Individual Privacy. The information on this form is collected under the legal authorization of the Ministry of Colleges and Universities Act. R.S.O. 1990. c.M.19.S.5; R.R.O. 1990, Reg. 770. The information is used for the administration and statistical purposes of the College and or Ministries and Agencies of the Government of Ontario and the Government of Canada. For further information please contact the Registrar, 443 Northern Ave., Sault Ste. Marie, ON (705) 759-6700.

Student's Signature