



1. An Early College Access Program (ECAP) application is required for each semester. The student completes this application and signs the Student Statement and the parent or guardian signs the Parent/Guardian Statement and submit to the student’s School Counselor.
2. The School Counselor completes the School Counselor’s statement and submits for approval by the Principal and returns the signed form to the student.
3. The student submits the ECAP form to AACC’s Cashier’s Office at cashiersoffice@aacc.edu (PDF preferred) and registers for the AACC courses listed below. Please call 410-777-2236 if you have questions.

Student Name _____ SCHOOL SYSTEM Student ID Number _____

Date of Birth (MM/DD) _____ AACC ID Number (7 digit) _____

Address _____ City _____ State _____ Zip _____

School _____ Current Grade Level _____

Personal Email Address _____ Phone Number _____

Has met CCR Standard (Y/N): _____ Student’s Current Cumulative Weighted GPA: _____

Student’s Current Cumulative Unweighted GPA: _____

Note: Students over 16 must be CCR or have a 2.0 cumulative weighted GPA. Students under 16 must have a 2.0 cumulative weighted GPA and meet other criteria.

Course Year: _____ Fall (August-December) Winter (December-January)
Information Spring (January-May) Summer (May-August)

**Seniors scheduled to graduate in the spring are not eligible for summer courses under the ECAP program.*

AACC Course # e.g. ENG-101	AACC Course Title (https://catalog.aacc.edu)	For Dual Credit Courses Only	
		Matching SCHOOL SYSTEM Course Title	SCHOOL SYSTEM Course #

Student Statement: I, the student, agree to comply with the policies and procedures of _____ (school system) and Anne Arundel Community College. I understand that the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g; 34 CFR Part 99 (“FERPA”) is a Federal law that protects the privacy of students’ education records. In accordance with FERPA, it is the policy of AACC not to disclose students’



education records to third parties unless the student provides consent to disclose or as otherwise permitted by law.

I consent to the release of my education records, including but not limited to, information regarding my academic progress, grades, and account details and balances to my parent or guardian listed below while I am enrolled at AACC and for up to six (6) months thereafter.

Yes No

I understand that this consent will remain in effect until the expiration date listed above, unless revoked by me in writing and delivered to the AACC Records and Registration Office, but that such revocation will not affect disclosures previously made by AACC prior to the receipt of any such written revocation.

I acknowledge and agree that by typing or signing my name below I consent to signing this ECAP Form electronically with an intent to be bound by its terms and that my electronic signature is the same as a handwritten signature for purposes of validity, enforceability, and admissibility. I understand that if I do not wish to sign electronically, I may obtain a hard copy and submit my completed forms to the AACC’s Cashier’s Office at cashiersoffice@aacc.edu.

Student Signature: _____ Date: _____

Parent/Guardian Statement: I, _____ (name), am the parent or legal guardian of the student listed above. I understand that my child is required to comply with the policies and procedures of _____ (school system) and Anne Arundel Community College. I understand that in accordance with FERPA, when my child enrolls at a postsecondary institution, all of my rights as a parent/guardian that pertain to AACC transfer to my child, and if my child does not consent to the release of education records to me that I will not be given access to my child’s education records, including but not limited to, information regarding my child’s academic progress, grades, and account details and balances, unless an exception to FERPA applies, such as a health or safety emergency. I agree to be responsible for any fees, fines, or other charges assessed for my child that are not funded by Anne Arundel County Public Schools.

I acknowledge and agree that by typing or signing my name below I consent to signing this ECAP Form electronically with an intent to be bound by its terms and that my electronic signature is the same as a handwritten signature for purposes of validity, enforceability, and admissibility. I understand that if I do not wish to sign electronically, I may obtain a hard copy and submit my completed forms to the AACC’s Cashier’s Office at cashiersoffice@aacc.edu.

Parent/Guardian Signature: _____ Date: _____

School Counselor’s Statement: A review of the records of the student listed above indicates that the student has made the following progress toward meeting high school graduation requirements, including all high school assessments, and should be considered for admission to the Early College Access Program at AACC. By signing below, the Counselor certifies that the information above is true and accurate to the best of the Counselor’s knowledge.

