Career and College Promise Pathway Completion Permission Form

Please complete and return to ccp@gtcc.edu.

**Please note that if this form is not filled out completely, it will delay your request.

**All Signatures/Initials must be done physically (in ink), digital signatures are not accepted.

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Student Name:				
High School:				
Date of Birth:	GTCC ID#		Semester Ended	
Ocompleted Pathway – Permis	sion to continue takin	g additional classes to	oward the degree.	
Pathway Name:		Pathway Code:		
Ocompleted Degree – Permissi	on to continue taking	additional classes tov	vard my college d	egree.
Pathway Name:	ay Name: Pathway Code:			
○ Go to the website of one of the schools where you might attend and print off the course requirements that will show your need to change pathways. NC Community College Transfer – UNC System (northcarolina.edu). This document will need to be sent along with this permission slip.				
Write a detailed description on why you would like to continue to take additional classes in your associate's degree pathway. This needs to be based on the University that you want to attend and not on your high school requirements.				
High School Principal/Designee Si	gnature			Date
For GTCC CCP use ONLY!				
New Program of Study Program Code Semester			Semester/Yea	ar Started
GTCC CCP Advisor Signature				Date
Senior Vice President of Instruction Signature				Date