

CCP Pathway Adjustments/Justification

ICC Student ID: _____
Academic Year _____

STUDENT INFORMATION

Name: (Last) _____ (First) _____ Current Grade: _____

High School (circle one): Chase / East / RS / Polk / ROC / LLCA / MA / TJ / WFCS / Homeschool / Other _____

The following change in pathway begins: ____ Fall ____ Spring ____ Summer Year _____

*Please indicate what pathway adjustment or justification you are requesting by checking the box on the left.

☐ PATHWAY CHANGE INFORMATION

Current Pathway(s): _____

____ Keep _____ and Add _____

____ Replace/Remove _____ with _____

Verification must be attached for approval ONLY if a pathway is being replaced. Verification could include (but is not limited to) a bachelor degree plan published by the university, a career pathway plan, career information published in the Occupational Outlook Handbook and/or information published in the North Carolina Career Cluster Guide, etc.
Degree plan/career info attached? Circle one: Yes / N.A. (NOT required if only adding pathway)

Rationale for change of pathway:

Continue on an attached document if necessary

☐ PATHWAY CONTINUATION INFORMATION

College Transfer (CTP) Continuation:

Pathway completing: _____ Term: _____



CTP
The student wishes to continue earning credit toward the associate degree: _____

OR

Career/Technical (CTE) Continuation:

Pathway completing: _____ Term: _____



CTE
The student wishes to continue earning credit toward: _____

☐ PATHWAY JUSTIFICATION

*Required for all freshman and sophomores
*Required for any student with UGPA below 2.8

✓ **This student is approved to take college courses.**

Student is prepared to take college courses seriously and motivated to be successful taking courses in _____

Optional comments: _____

Student Signature _____ **Date** _____

Your signature on this form acknowledges that you wish to change or continue pathways and this change is in order to meet your chosen career path and/or that you are prepared to enter college courses at this time.

Principal/Designee Signature _____ **Date** _____

Your signature on this form indicates approval for the student to change or continue pathways based on the student's chosen career path – and/or – that this student is approved to take courses as a freshman or sophomore or UGPA below 2.8, is making progress towards high school graduation, and the required paperwork has been submitted.

ICC Approval of Chief Academic Officer: **Approved/Denied**

ICC Chief Academic Officer Signature _____ Date _____