



Caswell Associates Degree Pathway Program Student Application Form



Student's First Name: _____ Student's Last Name: _____

Address: _____

Phone Number: _____ DOB: _____

Parent/Guardian Name(s): _____

Subject	Teacher Name	1st Semester Grade
8th Grade ELA		
8th Grade SS		
8th Grade Science		
Math I or Math II		
Elective 1		
Elective 2		

The following documents must be attached to this application:

- Two teacher recommendations that address the student's ability to handle challenge and academic rigor (see attached).
- A typed personal essay explaining your reasons for being interested in the program (between 500-1000 words). This essay should address your goals for the future beyond high school graduation.
- Signed Student/Parent Early Commitment Agreement

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

IMPORTANT- PLEASE READ: Accepted students will be notified by mail before June 30, 2025. Upon acceptance, students and parents will have to sign a commitment agreement stating that the student and parent(s) understand the level of academic rigor of the program and are committed to successfully completing the program. Students and parents will also indicate understanding of the limited flexibility of the course map for the program.

Application Due Date: March 18, 2025



**Caswell Associates Degree Pathway Program
Transfer Pathway Program of Study
Early Commitment Agreement**



STUDENT COMMITMENT

As a member of the Associates Degree cohort, I am committed to:

- Prioritizing academics
- Participating in Associates Degree cohort events
- Practicing and preparing for necessary entrance requirement assessments
- Maintaining a positive discipline record
- Making every effort to successfully complete courses in the sequence recommended by BYHS and PCC staff members that align with the Associate's Degree Program
- Maintaining open lines of communication about academic progress with school counselor(s)
- Representing the Associates Degree cohort positively at all times

Student Signature

Date

PARENT/GUARDIAN COMMITMENT

I give my son/daughter, _____, permission to participate in the Caswell Associates Pathway program and events associated with the program. I am committed to:

- Supporting my son/daughter through a rigorous and demanding course load at BYHS and PCC
- Maintaining open lines of communication about the student's progress with the school counselor(s)
- Ensuring that my son/daughter registers for courses aligned to the Associate's Degree pathway

Parent/Guardian Signature

Date



Caswell Associates Degree Teacher Recommendation Form

Dear Educators,

Thank you for taking the time to support your student's application to the Caswell Associates Degree Pathway Program. This rigorous program allows students to graduate from Bartlett Yancey Senior High School with both a high school diploma and an associate degree from Piedmont Community College. Your insight into the student's academic abilities, work ethic, and character is invaluable in determining their readiness for this opportunity.

Please complete the information below to provide your recommendation for the student:

Student Name: _____

Teacher Name: _____

Subject(s) Taught to Student: _____

Teacher Endorsement:

Please check all that apply:

- The student demonstrates a strong work ethic and commitment to academic success.
- The student exhibits responsibility, time management, and organizational skills.
- The student actively participates in class and is eager to learn.
- The student possesses the maturity to handle advanced and rigorous coursework.
- The student has demonstrated the ability to seek help and advocate for themselves when needed.
- The student maintains a positive attitude and interacts well with peers and teachers.

Additional Comments:

(Please provide any additional insight into why you believe this student would be successful in the Caswell Associates Degree Pathway Program.)

Teacher Signature: _____

Date: _____

Thank you for your support in recognizing and encouraging students to pursue rigorous academic opportunities. If you have any questions, please contact Kailey Oakley at kailey.oakley@piedmontcc.edu.



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Additional Comments:

(Please provide any additional insight into why you believe this student would be successful in the Caswell Associates Degree Pathway Program.)

Teacher Signature: _____

Date: _____

Thank you for your support in recognizing and encouraging students to pursue rigorous academic opportunities. If you have any questions, please contact Kailey Oakley at kailey.oakley@piedmontcc.edu.

Options for submitting your complete application

- Turn in to Ms. Diggs at Dillard Middle School
- Email to the School Counselors at BYHS, Mrs. Lassiter (casey.lassiter@caswell.k12.nc.us) or Ms. Pruitt (epruitt@caswell.k12.nc.us)
- Mail to Dr. Medina Jones, Director of Student Services, Caswell County Schools, PO Box 160, Yanceyville, NC 27379