SHRHS COMMUNICATION CERTIFICATE PROGRAM APPLICATION

Should there be a student response greater than class availability can accommodate, a review panel will meet to review and accept applicants.

Name: _____ Application Date: _____

Mailing Address: _____

Parent/Guardian name:

_____

Parent/Guardian phone (best to contact):_____

Parent/Guardian email: _____

Guidance Counselor: _____

Current GPA: _____

Courses Taken: (you may attach a copy of your transcript to this application)

	Final Grade

SHRHS Communication Certificate Program Requirements:

1. Completion of Media/Communications pathway
2. 15 hours of community service with communications connection
3. Attendance at 2 communications events (speakers, field trips, conferences)
4. Completion of two workshops (Ex: Nichols College green room experience; radio station)
5. Completion of related Accelerator Course at Nichols or AP Language or AP Literature
6. Capstone Presentation (senior year)

Student Expectations:

- Students must receive a grade of 70 or higher in all classes
- Appropriate conduct during workshops, field trips, internships, community service participation, etc. is required and expected
- Students are expected to communicate effectively with the Communications Certificate Program Coordinator (i.e.-respond to emails, attend meetings, etc.). Students are expected to follow up as appropriate if meetings are missed for any reason.

Please USE ANOTHER PIECE OF PAPER to answer the following questions in as much detail as possible. Staple this to your application.

1. Why would you like to be a part of the Communications Certificate Program? Include specific goals that you may have in mind.
2. What extracurricular activities are you involved in currently? Please list sports/clubs/religious activities, etc.
3. Tell us about you. What would you like us to know?

I understand the additional work required above and beyond the coursework to receive my diploma that is required by this program. It is my commitment to work diligently to meet the requirements, and seek help from my guidance counselor, or program director, if I feel I am struggling.

Signature of Student:

_____

I have had a conversation with my child about the additional work this program requires, and I am supportive of his/her decision to apply for this program.

Signature of Parent/Guardian:

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