



Central Oregon Community College/ABS Dept.
High School Courses
STUDENT REFERRAL

School Name _____ Today's Date _____

Counselor's Name _____ Phone () _____

Student email address (print clearly) _____

Student's Name _____ Date of Birth _____

Student's Address _____ Age (must be ***16+) _____

City/State/Zip _____ Phone _____

Most recent Reading test score(s) if available: OAKS _____ ACT _____ SAT _____

This student is to take the following half-credit high school course(s): (cost is \$110.00/.5 credit)

English

- ☐ Short Stories
- ☐ Elements of Fiction
- ☐ Novel Study (taken after Elements of Fiction)
- ☐ Introduction to Writing
- ☐ Writing Essays
- ☐ Writing the Research Paper

Math (limited availability-instructor approval required-for Adult Diploma students only.)

- ☐ Algebra 1, Part 1
- ☐ Algebra 1, Part 2
- ☐ Applied Math 1
- ☐ Applied Math 2
- ☐ Pre-Algebra 1
- ☐ Pre-Algebra 2

Science

- ☐ Botany

Social Studies

- ☐ US History 1
- ☐ US History 2
- ☐ Global Studies 1
- ☐ Global Studies 2
- ☐ Government (0.5 credit)
- ☐ Government (1.0 credit)
- ☐ Economics

Workplace and Life Skills

- ☐ Computer Technology (0.5 credit)
- ☐ Computer Technology (1.0 credit)
- ☐ Career Education
- ☐ Health 1
- ☐ Health 2
- ☐ Personal Finance
- ☐ PE/Independent Study (.5 or 1.0)
- ☐ Group Dynamics

Referral reason(s): _____

SIGNATURES:

Student _____ Date: _____

School Counselor _____ Date: _____

Parent _____ Date: _____

After all signatures have been obtained, fax this form to the Adult Basic Skills/COCC High School office at FAX #: 541-317-3071, Attention Susie Questions: call Susie 541-504-2952
Or email: sneubauer@cocc.edu