Cybersecurity Program Application 2024-25

1. Complete Sections I, II & III.
2. Return completed application and essay to your high school counselor to review, approve and sign. Counseling will attach most current academic transcript and attendance profile.
3. **Applications are due on or before April 12, 2024. Late applications may be waitlisted.**
4. Recommended minimum GPA is 2.5.
   After Acceptance
5. HFC will be holding a mandatory meeting for students and their parents in early June.
6. Cybersecurity courses will be held at the Henry Ford College MTEC center, in Dearborn.
7. Classes begin week of August 22nd.

Section I - Completed by student

Date:_____Home School:_____Grade:_____

Name (first, middle and last): _____

Address:_____City: _____Zip: _____

Email addresses:

(school issued) _____

(personal email)   _____

Phone: (Home)_____ (Cell) _____

Parent/Guardian Contact Information:

Name:_____Phone:_____

Email:_____

Name:_____Phone:_____

Email:_____

Section II Policy Agreements– Must be read, initialed & signed by both the parent and student.

High School students enrolling in college classes require a high level of maturity and course content that is geared towards adults. Students will be attending Henry Ford College (HFC) classes with individuals from diverse backgrounds and ages, and are required to function independently in the classroom both academically and socially.

I understand that:

_____
Parent/Student Initial

Upon program acceptance, students and parents will be required to attend a mandatory HFC orientation. Failure to attend May result in cancellation of admission and/or registration.

_____
Parent/Student Initial

HFC classes begin in August. Students will be required to attend and follow the college semester dates throughout the term. See the Henry Ford website academic calendar at www.hfcc.edu/events/academic for more information.

_____
Parent/Student Initial

Books are included in the program charges. Students will be responsible for picking up their assigned books at the college when they are available. Upon course completion, they will return them to their counselor.

_____
Parent/Student Initial

Students are responsible to advocate for themselves and check their HFC email account for program information daily. College personnel are not permitted to disclose student information to an individual other than the student.

_____
Parent/Student Initial

I acknowledge that I am only allowed to take the required courses for this program. If I register for any other courses except those approved by DCTC, I will be billed for the courses. .

_____
Parent/Student Initial

In the event, the student fails to complete a course, MCL 388.514 (9) and MCL 388.1904 (9) states that the eligible pupil shall repay the school district any funds that were expended by the school district for the course that are not refunded to the school district by the eligible post-secondary institution. If the eligible student does not repay this money, the school district may impose sanctions against the eligible student as determined by school district policy.

_____
Parent/Student Initial

Failure to pass and/or complete a required course will be noted on the students college transcript and may affect future financial aid.

_____
Parent/Student Initial

All students will be responsible for providing their own transportation to and from the Henry Ford main campus &/or MTEC Center.

_____
Parent/Student Initial

I will review and abide by the HFC, Carlson and DCTC policies that govern placement into this program.

I certify that all answers on this application are complete and accurate to the best of my knowledge. Falsification of any part of this may result in cancellation of admission and reimbursement to the district for all program expenses.

Student Name (printed):_____

Student Signature:_____Date:_____

Parent/Guardian Name (printed):_____

Parent/Guardian Signature:_____ Date:_____

Phone:_____ Email: _____

Section III - Student Essay: *Must be completed by the student-include additional page if needed.*

Please describe why you feel that the Cybersecurity program is a good fit for you. (*No more than 250 words)*

This Section to be Completed by Counseling

Confirm that this application is complete and includes the following:

    Copy of most recent transcript
    Record of YTD attendance
    All signatures have been provided
    Student Essay

Completed applications must be submitted to Barb Ratusznik bratusznik@dctcschools.org by **April 12, 2024**

Counselor:_____ Date: _____

This Section to be Completed by DCTC

Date Received_____   Application Status_____