TAP Student Contract and Teacher Recommendation

Section I. Student Completes this section and submits to teacher at the beginning of class:

Student Name ___________________________________________ SSN __________________________

Name of Teacher (Print) ______________________ Date (month/year) course begins ______________

Student Graduation Date __________________________ High School/Center ___________________

High School Course: __________________________ Equivalent HGTC Course for TAP ______________

I agree that I am interested in Technical Advanced Placement with the opportunity for earning credits at Horry Georgetown Technical College. I understand that I must complete the following requirements:

- Master the course competencies outlined in the TAP agreement and included in my high school course of study.
- Earn the required grade listed on the Articulation Agreement for this course.
- Earn the written recommendation of my high school teacher for the TAP credit.

I also understand that TAP credit will be awarded only when I enroll at HGTC. I am responsible for submitting my application for admission, admission fee, high school transcript, and placement test information within 18 months of high school graduation to be enrolled at HGTC to receive TAP credit. Once I am enrolled at HGTC I am responsible for contacting Admissions, admissions@htc.edu, and requesting the transfer of my TAP credits. I understand that the application of TAP credit as required or elective will be determined by my choice of major.

Student Signature: _____________________________ Date: _________________________

By including the following information I agree that HGTC can contact me regarding admission, financial aid programs and other college – related information. I give my high school permission to provide this information to the HGTC Admissions office and Dual Enrollment program.

Mailing Address ____________________________________________________________

City ______________________________________________ Zip __________ Birthdate __________

E-mail __________________________________________ Phone _______________________

Section II. Teacher Completes this section after successful class completion and submits to HGTC:

I verify that this student has mastered the course competencies identified in the Technical Advanced Placement Agreement and met the required grade listed on the Articulation Agreement, and therefore I recommend this student for TAP.

High School Course __________________________ Date of Course Completion _________ Course Grade ___

Teacher Name (Print) ______________________ Signature __________________________ Date ______

Instructor Comments:

In order for the student to receive credit CATE Teacher submit original (may copy as desired) to the HGTC Admissions office on the Conway, Georgetown or Grand Strand Campus or may mail to:

Jennifer Parler
HGTC Dual Enrollment Coordinator
HGTC Grand Strand Campus
743 Hemlock Ave.
Myrtle Beach, SC 29577

2/16/17