



Dual Credit and Exploratory Program Application Form

Fields in this PDF form can be input using your computer's keyboard and mouse. Save the PDF to your computer (File menu > Save As) prior to printing it and getting any required signatures. Refer to [Unique Pathways & Off-campus Education](#) for current programs offered.

Dual Credit or Exploratory Program Name: _____

Unique Pathways Program Eligibility

- Students **must be 19 years of age or younger as of Sept. 1 of the current school year**
- **Students must be enrolled in a CBE high school for the duration of the program** – Unique Pathways programming cannot be the only enrolled course with CBE at any time during the program
- Students must be working towards high school completion - students who have graduated are ineligible for Unique Pathways programming during the school year
- At this time, International students are not eligible to participate in Dual Credit or Exploratory Programs
- Prior to applying, please see program page on our website for pre-requisites essential to be considered for the program

Unique Pathways Application Submission

- Please complete the form digitally and print for handwritten signatures;
- Applications should be sent in by the school Off-campus Coordinator or Guidance Counsellor on behalf of the student;
- All correspondence regarding this program, including a confirmation email upon receipt of the application, will be via the CBE Student EDU email. Students must check their CBE email account.

A. Student Information

Legal Last Name _____ Preferred Last Name _____

Legal First Name _____ Preferred First Name _____

Birthdate (MM/DD/YYYY) _____ Grade (as of Sept. 1 of the current school year) _____

CBE Student ID Number _____ Alberta Education ID Number _____

Student EDU Email _____ (e.g. xxx@educbe.ab)

Apt/Suite # _____ Street _____

City _____ Province _____ Postal _____

Home Phone _____ Student Mobile Phone _____

Parent/Guardian Name _____

Parent/Guardian Email _____

B. School Information

Current CBE School _____

Please provide both names and contact numbers. Indicate the primary contact by selecting the button beside one name. This person will be the school-based contact for the student throughout the application process and during the program.

Off-campus Coordinator Name _____ Phone/Ext _____

Guidance Counsellor Name _____ Phone/Ext _____

C. Application Verification Requirements

1. Scheduling:

Have you verified with your Guidance Counsellor or Off-campus Coordinator that your high school schedule can be adjusted to accommodate this program and you are able to arrange transportation for the duration of the program?

Yes, verified Off-campus Coordinator/Guidance Counsellor initials _____

If your program has the option of an AM or PM cohort, which is your preference? (Please note that we will do our best to accommodate but cannot guarantee preferences are met).

AM PM N/A Off-campus Coordinator/Guidance Counsellor initials _____

2. Have you verified with your Guidance Counsellor or Off-campus Coordinator that you meet the academic and other requirements (see program page on our website)?

Estimated credit count at the end of this semester _____

Yes Off-campus Coordinator/Guidance Counsellor initials _____

3. Have you discussed your learning style with your Off- campus Coordinator or Guidance Counsellor and created a detailed [Personal Learning Schedule](#) to accommodate the academic rigor of this program?

Yes Off-campus Coordinator/Guidance Counsellor initials _____

4. Have you verified with your Guidance Counsellor or Off-campus Coordinator that you are able to commit to the scheduled program dates (see program page on our website)?

Yes Off-campus Coordinator/Guidance Counsellor initials _____

D. Supporting Statements

1. Please verify you have included your personal [Statement of Intent](#), explaining why this program is of interest to you and how it aligns with your career pathway.

Yes, attached

2. Please verify you have included your [Statement of Support](#) from a teacher, Guidance Counsellor or Off-campus Coordinator. This statement should be completed by a staff member who knows you well, can refer to your future goals and how this program fits with your learning plan.

Yes, attached

E. Required Signatures

I acknowledge that my child has applied for a Dual Credit or Exploratory Program.

I acknowledge that delivery of the program requires sharing of personal information (name, email, and photo) with program partners, who are bound by the FOIP Act.

Student _____

Parent/Guardian (unless independent student) _____

Off-campus Coordinator/Guidance Counsellor (primary contact) _____

Independent Student Status (ONLY fill in if under 18 and declaring Independent Status)

Students under 18 years of age may be designated as Independent by the Principal if they meet certain criteria. As a student, are you under 18 and wishing to declare Independent Status?

Yes. Principal's Signature (Home High School) _____

F. Application Checklist & Attachments

Please complete the following checklist *before* submitting your application to your Off-campus Coordinator or Guidance Counsellor. Once reviewed, your Off-campus Coordinator or Guidance Counsellor will scan and submit on your behalf as one pdf file.

I have included (in this order):

A. Student Information

B. School Information

C. Personal Learning Schedule

C. Application Verification Requirements (I have included my credit count)

D. Supporting Statements - Statement of Intent (attached)

D. Supporting Statements - Statement of Support (attached)

E. Required Signatures

Student High School Transcript / Detailed Academic Report (DAR) – found in [myBlueprint.ca](#) or [myPass](#)

How to Submit this Application Form

Submit all required documents in the order outlined above to your Off-campus Coordinator or Guidance Counsellor by the specific program date provided on [Unique Pathways & Off-campus Education](#). Your Off-campus Coordinator or Guidance Counsellor will review and submit on your behalf. **Please do not submit directly.**

A confirmation email will be sent using the **CBE Student EDU email** upon receiving your complete application package. If you have not received a confirmation email within 2 weeks of your submission, please contact your Off-campus Coordinator or Guidance Counsellor.

Freedom of Information and Protection of Privacy

The personal information requested on this form is collected under the authority of Alberta's Freedom of Information and Protection of Privacy (FOIP) Act, the Education Act and its regulations, and the Canadian Charter of Rights and Freedoms, Section 23. This information will be used for the maintenance of the student's record, for a school board's obligation to provide students with an education program that meets their needs, to provide a safe and secure school environment and other purposes that relate directly to and are necessary for an operating program or activity, including program placement, determination of eligibility and/or suitability for provincial or federal funding, contact and health related information in the event of problems or emergencies. Personal information may also be provided to the Minister of Education for the purpose of carrying out programs, activities, or policies under their administration (e.g., research, statistical analysis). This information will be treated in accordance with the privacy protection provisions of the FOIP Act. If you have any questions about this form please contact the school. If you have any questions about the collection or its intended use, contact Off-campus Education, Calgary Board of Education, 1221 8 St SW, 403-817-7516.