

Academy Adviser: _____

Student Name	Date of Birth
Year Enrolled	Graduation Year
Parent/Guardian Name	Student ID #
Email Address	Home Phone
	Cell Phone

BCTC Academy Graduation Requirements Credit Check Form

Subject	Credits	Minimum Credit Requirement- 24
<input type="checkbox"/> Science	3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	9 th , 10 th , & 11 th Grade Requirements *12 th Grade Electives Available
<input type="checkbox"/> Mathematics	3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3 years of Math are required (Alg. I, Alg. II or Geometry may count for credit if taken in Middle School)
<input type="checkbox"/> English	4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	9 th , 10 th , 11 th , & 12 th Grade Requirements
<input type="checkbox"/> Social Studies	3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	9 th , 10 th , & 11 th Grade Requirements *12 th Grade Electives Available
<input type="checkbox"/> Required Courses	1.5 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Health: .5 credit <input type="checkbox"/> CP Financial Planning: .5 credit <input type="checkbox"/> P.E. Level I: .5 credit
<input type="checkbox"/> Electives	9.5	Student choice (Further details below)

BCTC Academy Requirements
<input type="checkbox"/> Senior collaborative research & design project focusing on specific fields within the BCTC focus of the student <input type="checkbox"/> BCTC Portfolio <input type="checkbox"/> Industry Licensing & Certificates <input type="checkbox"/> Certificates of Competency in the chosen field of study

Career Pathways / Program of Study	
<p align="center"><u>Chosen Area of Study</u></p> <input type="checkbox"/> Business & Information Technology <input type="checkbox"/> Communications <input type="checkbox"/> Construction <input type="checkbox"/> Engineering & Manufacturing Technology Career Pathway <input type="checkbox"/> Healthcare <input type="checkbox"/> Services <input type="checkbox"/> Transportation	<p align="center"><u>Please specify your Program of Study</u></p> <input type="checkbox"/> _____ <input type="checkbox"/> _____