KAP 2017-2018

**DUE APRIL 1, 2017** KENYON ACADEMIC PARTNERSHIP **AVAILABLE ON KENYON.EDU/KAP**

**(HIGH SCHOOL TRANSCRIPT MUST ACCOMPANY THIS APPLICATION)**

STATE SCHOOL STUDENT ID #: _____ HIGH SCHOOL: _____ DATE: _____

STUDENT NAME: _____
LAST NAME FIRST NAME MIDDLE NAME

HOME ADDRESS: _____
STREET CITY/STATE ZIP

BIRTH DATE: _____ YR GRADUATION: _____ CURRENT GPA: _____

STUDENTS E-MAIL: _____

KAP COURSE APPLYING FOR: _____ KAP INSTRUCTOR: _____

**OPTIONAL:** **NOT American Citizen ____** (if checking this, no need to check anything below)

**CIRCLE ONE** OF THE FOLLOWING **IF YOU ARE AMERICAN CITIZEN**:

1- BLACK 2- AM INDIAN/ALASKAN NATIVE 3- ASIAN OR PACIFIC ISLAND 4- HISPANIC 5 - WHITE

---

PARENT/GUADIAN: _____
LAST NAME First MIDDLE INTIAL

PARENT/GUARDIAN ADDRESS: _____
STREET CITY/STATE ZIP

PARENTS E-MAIL: _____

---

**TEACHER RECOMMENDATION: THIS IS REQUIRED IN ORDER TO PROCESS APPLICATION (BY TEACHER THAT HAS HAD THIS STUDENT IN CLASS)**

1. **WHAT EVIDENCE HAVE YOU SEEN THAT THIS STUDENT WILL BE SUCCESSFUL IN A COLLEGE-LEVEL COURSE?**

2. **PLEASE COMMENT ON SPECIAL STRENGTHS & WEAKNESSES THAT MIGHT AFFECT THIS STUDENT'S PERFORMANCE IN THIS COURSE:**

**(PLEASE CIRCLE ONE)** **RECOMMEND** **I DO NOT RECOMMEND** **no longer is there conditional enrollment**

SIGNATURE ABOVE TEACHER: _____ SCHOOL ENDORSEMENT: _____
(KAP STEERING COMMITTEE OR SCHOOL ADMINISTRATOR)

---

**KENYON KAP PROFESSORS APPROVAL:** **YES_____** **NO_____**

**COMMENTS:**

SIGNATURE KENYON KAP PROFESSOR_____

**KAP I.D. SC_____**

**RETURN TO: BONNIE MCCLUSKEY**
**100 GASKIN AVE**
**KENYON COLLEGE**
**EDWARDS HOUSE**
**GAMBIER OH 43022**