

**Application for Participation in
Cornerstones Career Learning Center
Distance Learning Program**

Date _____

Student's Name _____

Address _____

City, State, Zip _____

Home Phone _____

Cell Phone _____

Email Address _____

Agreed minimum hours of online attendance each week _____

Student has completed: (instructor date when complete)

- | | |
|---|-------|
| 1. Intake | _____ |
| 2. Initial Assessment | _____ |
| 3. AEL Orientation | _____ |
| 4. Distance Learning Orientation | _____ |
| 5. Goal Setting | _____ |
| 6. Request for Independent Study | _____ |
| 7. 12 Hours of initial face-to-face Instruction | _____ |

I understand that if I do not meet the minimum average hours of attendance for two weeks straight I will lose access privileges to the online training software. I also understand that a weekly contact with my instructor is a required part of my program of instruction and not maintaining the contact will result in the loss of online training privileges. Privileges cannot be reinstated until there is a program opening and I have discussed with my instructor how I will ensure that I can maintain my agreed upon study hours.

Student Signature

Date

Instructor Signature

Date

Note: Students can request a temporary leave of absence from the program. Program privileges can be temporary halted for up to two weeks without the student relinquishing their spot in the program. Temporary leave requires prior written consent of the instructor.