

Falcon FastTrack Authorization Form

Email Address:
Eman Mariess.
County:
ool and College Credit.
edits ONLY.
ne university course(s) I select from the list above. I understand that count. I understand that by taking these university course(s), I will rom any of the above-listed course(s), I must complete the process
are to withdraw from a university course in the correct manner may bely impact financial aid eligibility.
Date:
son/daughter is enrolling in university course(s). I understand that son/daughter's student account. I understand that by taking these. I understand that if my son/daughter withdraws from any of the one incorrectly, a grade of 'F' may appear on their college-level
Date:
identified above has an overall GPA above 2.0 and grant ses through Fairmont State University.
Date:

UPLOAD this completed document when you apply for admission at https://apply.fairmontstate.edu/register/FastTrack

OR send this form to the following email address: Admissions@fairmontstate.edu

FastTrack Program Coordinator, Keith Gipson, keith.gipson@fairmontstate.edu

