

Chariho Regional High School/Chariho Area Career and Technical Center

Application for Independent Personalized Career Pathway
(Must be submitted to Guidance Department Head prior to pathway initiation.)

Student Name: _____ Date: _____

Guidance Counselor: _____

Name of Proposed Pathway: _____

Three Successive Credits with Proposed Semester:

1. _____

2. _____

3. _____

Internship of Sixty (60) Hours or More: _____

Describe: _____

Proposed External Assessment: _____

Independent Personalized Career Pathway Approved: Yes No

Guidance Department Head _____
Date

Director of Career and Technical Center _____
Date

High School Principal _____
Date

Related Department Head(s) _____
Date

Related Department Head(s) _____
Date