# Appendix A- Assurances Signature Letter

*On School District or State Charter letterhead, submit this Assurances Signature letter. Identify the inclusive partnering organizations for which the application is being submitted and include primary business partner(s) signature. Assurance must include the following statement:*

The DISTRICT/INSTITUTION NAME HERE assures that the following have been included as part of the application for ECHS Designation and that it will abide by each requirement:

A. Integrates New Mexico Public Education Department-approved standards into courses within a structured pathway that meets local and state graduation requirements.

B. Follows a pathway that results in a workforce recognized credential without tuition cost to the student or the student’s family.

C. Focuses on efforts to reach youth underrepresented in higher education by establishing outreach and recruiting processes striving for equitable access. Focused recruiting efforts shall encourage applicants from underrepresented populations.

D. Accelerates student learning through the use of dual credit courses beginning no later than tenth grade. Dual credit courses shall:

(1) accelerate the timeline for high school students to complete college;

(2) be delivered through one or more postsecondary partners;

(3) be tuition free;

(4) be taught by instructors who meet the higher learning commission qualifications for college instructors;

(5) use innovative, interactive, research-based support structures; and

(6) align with:

(a) the pathway indicated on the student’s next step plan;

(b) the established New Mexico higher education general education curriculum; and

(c) either the student’s declared CTE pathway or declared major or meta major.

E. Operates in partnership with one or more workforce partners. Partnerships shall include:

(1) meaningful work-based learning experiences in alignment with student pathways; and

(2) CTE courses that use career and technical education standards to support core academic growth.

F. Assurances that all district and school personnel are knowledgeable of the requirements to comply with any waivers identified in 6.30.13.13 NMAC; and

G. Evidence of tribal consultation to satisfy the goals of **Indian Education Act (IEA) 22-23A NMSA 1978** Article 23A including documentation of tribal consultation submitted annually to the department.

*I hereby certify that the information contained in this application for ECHS Designation with the state of New Mexico is, to the best of my knowledge, correct and that I am authorized to submit this application. I further certify, to the best of my knowledge, that Early College High School activity will be conducted in accordance with all applicable State and local laws and regulations, application guidelines and standards. It is also understood that immediate written notice will be provided to the designated Application Manager if at any time the applicant learns that its certification was erroneous by reason of changed circumstances.*

As the duly authorized representative of the applicant, I hereby certify that the information herein is true and correct and the applicant will comply with the above certifications and assurances.

Superintendent and Signature

Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Principal and Signature

Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postsecondary President and Signature

Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_