

**FALL 2016
Deadline:
07/21/2016**

Las Positas College
Office of Admissions & Records
3000 Campus Hill Drive, Livermore CA 94551
**RECOMMENDATION FOR CONCURRENT ENROLLMENT PROGRAM
FOR HIGH SCHOOL STUDENTS**

For office use only:

New Continuing

In accordance with governing policies of the Chabot-Las Positas Community College District, the following named student is enrolled in high school for at least a minimum day program, and is recommended for concurrent enrollment at Las Positas College.

**THE ADMISSIONS AND RECORDS OFFICE WILL NOT ACCEPT PACKETS AFTER THE DEADLINE DATE.
WE WILL ONLY PROCESS COMPLETE PACKETS. NO EXCEPTIONS.**

THE COURSES LISTED ON THIS FORM ARE FOR LAS POSITAS COLLEGE ONLY

If you want to take Chabot College classes please fill out their forms at www.chabotcollege.edu/admissions/concurrent/

STUDENT IDENTIFICATION

| | | | |
|--|------------|----------------|---|
| STUDENT'S LAST NAME | FIRST NAME | MIDDLE INITIAL | STUDENT I.D.# (Social Security # or college assign #) |
| ADDRESS | | | TELEPHONE NUMBER |
| | | | EMERGENCY NUMBER |
| CITY | STATE | ZIP | DATE OF BIRTH |
| GRADE LEVEL: <input type="checkbox"/> 10 th grade <input type="checkbox"/> 11 th grade <input type="checkbox"/> 12 th grade | | | HIGH SCHOOL |
| EMAIL ADDRESS | | | EXPECTED DATE OF GRADUATION |

COURSE IDENTIFICATION

Concurrent enrollment is recommended in the following courses:

| COURSE REG. NUMBER | COURSE (i.e., BUSINESS) | COURSE NO. (i.e., 1A) | SECTION NO. (i.e., V01) | UNITS | PREREQUISITE(S) |
|-----------------------|-------------------------|-----------------------|-------------------------|-------|-----------------|
| Example: 33222 | BUS | 1A | V01 | 3 | N/A |
| 1. | | | | | |
| 2. | | | | | |
| ALTERNATE(S): | | | | | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

NOTE: CONCURRENT ENROLLMENT IS LIMITED TO A MAXIMUM OF 11 UNITS PER SEMESTER (6 UNITS FOR SUMMER SESSION).
Any changes to the course selected must be approved in writing by the high school Principal or designee.

PARENT OR GUARDIAN

The signature below indicates permission of this student's parent or guardian for the student to enroll in the recommended courses at the college. College records are available to the STUDENT ONLY unless the release is signed below by the student designating who may access the student's record.

Print name of Parent or Guardian: _____ Phone number: _____

Signature of Parent or Guardian: _____ Date: _____

PRINCIPAL OR DESIGNEE

I have reviewed the academic record of the student named above and recommend this student for admission to the Concurrent Enrollment Program solely for the purpose of enrolling in the course(s) listed above. **I have verified this student has the required minimum high school cumulative grade point average of 2.0 (exclusive of P.E.)**

(Comments, if appropriate) _____

Print name of Principal or designee: _____ Title _____ Phone Number _____

Signature of Principal or designee*: _____ Date _____

**By signing this application, the principal of this school certifies (as per Ed. Code 76001) that no more than 5 percent of the total number of students per grade level shall be recommended for enrollment at Las Positas College for the summer session.*

STUDENT

Authorization to Release Academic Records:
I do do not authorize the release and or review of my academic records to: _____

Signature of student: _____ *Print name (i.e., parent, family member)*