



# Fall 2019 Recommendation for Concurrent Enrollment Program

Office of Admissions and Records • 25555 Hesperian Blvd. Hayward, CA 94545 • concurrent@chabotcollege.edu

CONCURRENT ENROLLMENT PROGRAM IS FOR HIGH SCHOOL STUDENTS IN THE 10<sup>TH</sup>, 11<sup>TH</sup> AND 12<sup>TH</sup> GRADES.

Before submitting this form, you must complete a current online admission application. Please attach your current high school transcripts and parent release.

**DEADLINE TO SUBMIT: August 12, 2019. Please allow 72 hours for processing.**

## SECTION 1: STUDENT INFORMATION

(TO BE COMPLETED BY STUDENT)

\_\_\_\_\_  
Last Name First Name Middle

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

( ) / /  
Phone Number Date of Birth Chabot Student ID Number

\_\_\_\_\_  
Email (registration notification will be sent here)

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_

Current Grade level: \_\_\_\_\_

### By signing this form

- I am in the 10<sup>th</sup>, 11<sup>th</sup> or 12<sup>th</sup> grade.
- I acknowledge that I will be earning college credit for courses completed at Chabot College.
- I will abide by the policies and enrollment conditions of the Concurrent Enrollment Program.
- I understand I will be dropped from courses not listed on my recommendation.
- I understand that after completion and approval of this form, I need to register for the approved class(es) online via CLASS-Web.
- I understand that courses listed on this recommendation are for Chabot College only.

Student signature  \_\_\_\_\_

## SECTION 2: SCHOOL PRINCIPAL or DESIGNEE

(TO BE COMPLETED BY SCHOOL PRINCIPAL or DESIGNEE)

### REQUESTED COURSES

COURSE TITLE & NUMBER (For example: ENGL 1A)	UNITS (3.0)	PREREQUISITES*
1.		
2.		
ALTERNATE 1.		
ALTERNATE 2.		
<b>COURSE RESTRICTIONS:</b> <ul style="list-style-type: none"> <li>• Concurrent Enrollment is limited to a maximum of 2 courses or 6 units.</li> <li>• Enrollment in physical education (P.E.) and basic skills courses (ENGL 100 level, all ESL courses, MATH 100 level) are <u>not</u> allowed. (Ed. Code 48800)</li> <li>• Per Chabot English Department policy, student must be at least 16 years old or in junior standing to take English courses.</li> </ul>		<ul style="list-style-type: none"> <li>• *Many courses require the completion of prerequisite courses taken at Chabot College or their equivalent at another institution. Consult the course description in the class schedule or college catalog for identification of prerequisites. (Title 5, Sec.55500)</li> <li>• Placement must be completed prior to registration for English, Chemistry, and Math courses. Please check Assessment website (<a href="http://www.chabotcollege.edu/Counseling/assessment/">http://www.chabotcollege.edu/Counseling/assessment/</a>) for schedule.</li> </ul>

- As per Ed. Code 48800, the high school principal or designee of the school, certifies by signing this form that no more than 5 percent of the total number of students per grade level shall be recommended for Concurrent Enrollment at Chabot College.
- I certify that the above recommended \_\_\_\_\_ # of units are based on the student's ability to benefit from "advanced scholastic or vocational work."
- I certify that I am the School Principal / Designee, and authorized to sign this form.

**AUTHORIZED SCHOOL OFFICIALS (Signatures are required every term. Initials or rubber stamps NOT acceptable.)**

Principal or Designee (Print Name)  \_\_\_\_\_

Principal or Designee (Signature)  \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICE USE ONLY

HSCH Admissions & Records Staff \_\_\_\_\_ Date \_\_\_\_\_

APPROVED

DISAPPROVED Director of Admissions & Records \_\_\_\_\_ Date \_\_\_\_\_



Student's Name: \_\_\_\_\_ Chabot Student ID #: \_\_\_\_\_

**▶ SECTION 3: PARENT or GUARDIAN Authorization for Minors**

Parent / Guardian (Print Name): \_\_\_\_\_

Relationship to minor student: \_\_\_\_\_

Parent / Guardian phone: \_\_\_\_\_

**By signing this form**

- I acknowledge my child's participation in Chabot College's Concurrent Enrollment Program.
- I certify that the school Principal or Designee named above is my child's school / district authorized representative.
- I hereby give permission to release my child's high school transcript to Chabot College.
- I hereby give permission to my minor child to use the services provided at the Student Health Center.  
(NOTE: The Student Health Center providers are bound by confidentiality even though they are treating minors)
- As the parent / guardian, do you know of any medical problems we should be aware of for this student?

Yes. List medical problem(s) (E.g. heart disease, allergies, mental health, etc.):  
\_\_\_\_\_

No

Parent / Guardian (Signature)  \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: In case of an emergency, the above parent/guardian will be contacted.**

**▶ SECTION 4: Release of Personal Information**

**Attention Student:** The Family Rights and Privacy Act require that most information about your attendance, grades, and behavior at the college cannot be provided to anyone without your written consent. By signing this form, you are giving Chabot College permission to release information about you to your parent or guardian.

- I **do not** authorize the release and or review of any and all personal information on record, my student records and any behavior/disciplinary status.
- I authorize the release of the following information to my parent(s) or guardian named below:
  - Any and all personal information on record
  - Grades and attendance information only
  - Behavior/Disciplinary status only

Parent(s) or Guardian name(s): \_\_\_\_\_  
(Print name)

Student's Signature:  \_\_\_\_\_

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



Chabot College  
Office of Admissions and Records  
25555 Hesperian Blvd., Bldg. 700  
Hayward, CA 94545



Las Positas College  
Office of Admissions and Records  
3000 Campus Hill Drive  
Livermore, CA 94551

Student's Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

**AB 2364 California Nonresident Tuition Exemption**

Complete and sign this form to request an exemption from Nonresident Tuition.

**Eligibility:**

I am applying for a California Nonresident Tuition Exemption for special part-time students admitted to the Concurrent Enrollment Program at (check one):

- Chabot College
- Las Positas College

Check the box that applies to you (check one):

- I am a U.S. citizen, permanent resident, Deferred Action for Childhood Arrival (DACA) grantee, or an alien without lawful immigration status.  
(NOTE: This qualifies for AB 2364 – California Nonresident Tuition Exemption)

**OR**

- I am a nonimmigrant alien as defined by federal law. [Nonimmigrant aliens have been admitted to the United States temporarily and include, but are not limited to, foreign students (persons holding F visas) and exchange visitors (persons holding J visas)].  
(NOTE: This does NOT qualify for AB 2364 – California Nonresident Tuition Exemption)

Student's Signature:  \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

HSNR Term / Yr: \_\_\_\_\_

Admissions & Records Staff \_\_\_\_\_ Date \_\_\_\_\_

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Residency

CLPCCD Administrator: \_\_\_\_\_ Date \_\_\_\_\_