



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 10TH, 11TH AND 12TH 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 10th, 11th or 12th 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.		
COURSE RESTRICTIONS: <ul style="list-style-type: none"> • Concurrent Enrollment is limited to a maximum of 2 courses or 6 units. • 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) • Per Chabot English Department policy, student must be at least 16 years old or in junior standing to take English courses. 		<ul style="list-style-type: none"> • *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) • Placement must be completed prior to registration for English, Chemistry, and Math courses. Please check Assessment website (http://www.chabotcollege.edu/Counseling/assessment/) for schedule.

- 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: _____



Admissions & Records Office
 Building 700, First Floor
 25555 Hesperian Blvd.
 Hayward, CA 94545

Admissions & Records Office
 Building 1600, Second Floor
 3000 Campus Hill Drive
 Livermore, CA 94551



AB 2364 HIGH SCHOOL NON-RESIDENT EXEMPTION REQUEST

This form is to be used in the event that you have applied to Las Positas or Chabot College for the purpose of enrolling under the Concurrent Enrollment program and were coded as a non-resident of California.

To be eligible for this exemption, you must meet all of the following:

- ◆ Completed all steps and documentation as required under the respective college's Concurrent Enrollment program
- ◆ Approved/admitted under the respective college's Concurrent Enrollment program
- ◆ You are a U.S. citizen, permanent resident, DACA grantee, or alien without lawful immigration status (undocumented)

INSTRUCTIONS: To qualify for this exemption, fill out the required fields below and bring this form to the Admissions & Records Office of the college that you most recently applied to and/or is currently indicated as your Home Campus.

STUDENT INFORMATION

	W
Last Name, First Name, Middle Initial	Student ID #

EXEMPTION REQUEST

I am requesting an exemption of non-resident status at the following institution (**PICK ONE**):

- Chabot College
- Las Positas College

Check **one box only** that applies to you:

- U.S. Citizen, Permanent Resident (green card holder), (DACA) Deferred Action for Childhood Arrival grantee, or an Alien without lawful immigration status (undocumented) (*Eligible for exemption*)
- 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 holding F visas and exchange visitors holding J visas) (*Not eligible for exemption*)

STUDENT AGREEMENT

By signing below, I certify that the information provided on this form is truthful and accurate and that I meet all requirements listed on this form.

Student Signature	Date
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IMPORTANT NOTICE

AB 2364 allows community colleges to exempt special part-time students, other than nonimmigrant aliens, as defined, from paying all or parts of the non-resident tuition fee if that student is admitted under the Concurrent Enrollment program.

ADMISSIONS & RECORDS OFFICE USE ONLY

	<input type="checkbox"/> HSNR <input type="checkbox"/> Student attributed <input type="checkbox"/> Student notified	Done by: _____ Date: _____
A&R Administrator or Designee	Date	