

**San Mateo County Community College District
CONCURRENT ENROLLMENT PROGRAM REQUEST FORM**

<u>TERM</u>	<u>COLLEGE YOU PLAN TO ATTEND</u>	<u>ENROLLMENT STATUS</u>	<u>GRADE LEVEL</u>
<input type="checkbox"/> SUMMER	<input type="checkbox"/> CAÑADA COLLEGE	<input type="checkbox"/> NEW	<input type="checkbox"/> 12TH GRADE
<input type="checkbox"/> FALL	<input type="checkbox"/> COLLEGE OF SAN MATEO	<input type="checkbox"/> RETURNING	<input type="checkbox"/> 11TH GRADE
<input type="checkbox"/> SPRING	<input type="checkbox"/> SKYLINE COLLEGE	<input type="checkbox"/> CONTINUING	<input type="checkbox"/> 10TH GRADE
_____ YEAR			<input type="checkbox"/> 9TH GRADE

SOCIAL SECURITY # OR STUDENT I.D. #	DATE OF BIRTH (M M D D Y Y)																				
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STUDENT NAME (LAST) (FIRST) (M.I)

ADDRESS	HOME PHONE
	MOBILE PHONE

E-MAIL ADDRESS _____

HIGH SCHOOL YOU ATTEND: _____ EXPECTED GRADUATION DATE: _____

WILL YOU WORK DURING THE SEMESTER? NO YES # OF HOURS/WEEK _____

IF APPLYING FOR FALL OR SPRING, LIST THE COURSES YOU WILL BE TAKING AT YOUR HIGH SCHOOL DURING THAT SEMESTER:

REQUESTED COLLEGE COURSES:

	CRN	SUBJ.	NO.	SEC.	TITLE	DAYS/HOURS	UNITS
EXAMPLE:	81632	ACTG	121	KK	FINANCIAL ACCOUNTING	TTH 7-9:30	5.0
COURSE #1	38977	CRER	410	SYH	College/Career Orient. EYH		.5
COURSE #2							
COURSE #3							

ALTERNATE COURSE(S)

ALT. #1							
ALT. #2							

PARENT OR GUARDIAN

THE SIGNATURE BELOW INDICATES PARENTAL OR GUARDIAN'S PERMISSION FOR THE STUDENT TO ENROLL IN THE RECOMMENDED COLLEGE COURSE(S).

PRINT NAME OF PARENT OR GUARDIAN _____ PHONE # _____

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 FOR THE EXPRESSED PURPOSE OF ENROLLING IN THE COURSE(S) LISTED ABOVE. **I CERTIFY THAT THIS STUDENT CAN BENEFIT FROM THIS ADVANCED SCHOLASTIC OR VOCATIONAL COURSE WORK.**

PRINT NAME OF PRINCIPAL OR DESIGNEE _____ PHONE # _____

SIGNATURE & TITLE OF ABOVE _____ DATE _____