Steps to complete Concurrent Enrollment form through DocuSign

1. Before submitting the Concurrent Enrollment form, students need to complete an online application for the term they are applying for.

2. Students will need to create an OpenCCC account and start a new application.
3. Once students are done with their online application, they need to print a copy of the confirmation page. Students will need to provide this confirmation number on the Concurrent Enrollment form.

Your application was submitted.

Confirmation

Humberto, your application for admission has been submitted to Las Positas College.

Name Humberto Lopez
CCCID BJT2864
College Las Positas College
Term Fall 2021
Email betolopez30@hotmail.com
Date & Time February 10, 2021 12:51:23 PM
Confirmation # 19859670

4. Please allow 24-48 hours for our system to process your application. Students will receive a follow-up email with their assigned student identification number (W-ID Number). If students do not receive a follow up email containing their W-ID Number within 48 hours, please email lpc-admissions@laspositascollege.edu

5. Go to Admissions-Concurrent Enrollment.
6. Please review all the information and go to Concurrent Enrollment Steps. Click on the Concurrent Enrollment DocuSign link (Summer/Fall/Spring Recommendation form)

**Concurrent Enrollment Admission Steps**

**APPLICATION AND FORMS MUST BE COMPLETED BEFORE REGISTRATION!**

1. High school students have to provide the Concurrent Enrollment form and complete an online application every term.

2. Please review the Concurrent Enrollment Instructions flyer (PDF).

3. Complete the online Admission application and print the confirmation page for your records.

4. Fill out the REQUIRED Concurrent Enrollment Recommendation Form through DocuSign. Paper copies will not be accepted.

5. Students attending home school should also submit a copy of their R4 Affidavits. (CA Ed Code, section 33190)

6. You must consult the College Catalog to determine if any requested classes have prerequisites. All prerequisites must be completed and cleared prior to registration. For more assistance with prerequisites, visit the Counseling Office.

7. Students will provide all the required information. It is preferred that students fill out this request using their zonemail address to protect the privacy of their information.

**Las Positas College Concurrent Enrollment Form**

NOTE: Once you press the "Submit" button, the system will generate an email to confirm your provided email address. In that email, you'll receive an Access Code that you'll need to use on the next page to continue your application process.

<table>
<thead>
<tr>
<th>Your Name (Student):</th>
<th>Humberto Lopez</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Email (Student):</td>
<td><a href="mailto:betokpec28@hotmail.com">betokpec28@hotmail.com</a></td>
</tr>
<tr>
<td>Your School Principal / Designee Name:</td>
<td>Eric Calloway</td>
</tr>
<tr>
<td>Your School Principal / Designee Email:</td>
<td><a href="mailto:callowayen1@delmar.edu">callowayen1@delmar.edu</a></td>
</tr>
<tr>
<td>Your Parent or Guardian Name:</td>
<td>George Lopez</td>
</tr>
<tr>
<td>Your Parent or Guardian Email:</td>
<td><a href="mailto:glopez4551@hotmail.co">glopez4551@hotmail.co</a></td>
</tr>
</tbody>
</table>
8. After submitting, students will get an email confirmation with an access code to validate.

9. After validating the code, students will have access to the form to provide their information, but first they have to agree to use electronic records and signatures and click on continue.
10. On this page, students will need to fill out their information on section one and part of section two with all the requested courses.

11. Students need to complete the information on section four (FERPA).
12. US citizen, Permanent Resident, Daca grantee and undocumented students that are qualified as non-residents of California can fill out the AB2364 non-resident exemption form. Students need to fill out this form to go forward.

**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 was coded as a non-residency 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 colleges 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 submit 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.

<table>
<thead>
<tr>
<th>STUDENT INFORMATION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lopez Humberto</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EXEMPTION REQUEST:</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am requesting an exemption of non-resident status to the following institution (PICK ONE):</td>
</tr>
<tr>
<td>■ Chabot College</td>
</tr>
<tr>
<td>○ Las Positas College</td>
</tr>
</tbody>
</table>

Check one box that applies to you:

- [ ] I am a U.S. Citizen, Permanent Resident (green card holder), Deferred Action for Childhood Arrival (DACA) 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 or M 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’s Signature: | Date: 11/9/2020 | Time: 10:48:39 AM PST |

**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.

13. After submitting this form, students will have the option to print or download the documents.
14. Parents will receive a confirmation email to review and fill out their part.

Arash Sayadi sent you a document to review and sign.

15. Parents agree to use electronic records and signatures.

Humberto Lopez,

Please DocuSign Las Positas Concurrent Enrollment Application

Thank You, Arash Sayadi
16. On this page, parents need to fill out section three and sign the document.

### SECTION 3: PARENT OR GUARDIAN AUTHORIZATION FOR MINORS (TO BE COMPLETED BY PARENT OR GUARDIAN ONLY)

Parent / Guardian (Print Name): Humberto Lopez

Relationship to minor student: Father

Parent / Guardian phone: 925-462-2491

By signing this form:
- I acknowledge my child’s participation in Las Positas 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 Las Positas College.
- I hereby give permission to my minor child to use the services provided at the Student Health Center.

INFORMATION: 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?
  - [ ] No
  - [ ] Yes. List medical problem(s) (e.g., heart disease, allergies, mental health, etc.):
    - Asthma

Parent / Guardian (Signature): __________________________ Date: 11/9/2020 11:03:32 AM PST

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

### SECTION 4: RELEASE OF PERSONAL INFORMATION (TO BE COMPLETED BY STUDENT ONLY)

Attention Student: The Family Rights and Privacy Act (FERPA) of 1974 prohibits the college from providing any information to any third parties (including parents, guardians, siblings, etc.) without the express written consent of the student, regardless of age. By signing this form below, you confirm that (1) you are the student, (2) you have made an indication below to withhold or release your information on record, and (3) all information provided on this form is complete and accurate.

- [ ] 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(s) named below:
  - [ ] Any and all personal information on record
  - [ ] Grades and attendance information only
  - [ ] Behavior/disciplinary status only

17. Parents will have the option to print or download the documents.

Save a Copy of Your Document

Your document has been signed

If you would like a copy for your records, select Download or Print and save.

DOWNLOAD PRINT CLOSE

18. The Principal or Designee (counselor) will receive a confirmation email to review the document. They will have to fill out part of section two.
-Units: Spring and Fall max 11 units, Summer max 6 units
-Upload the high school transcript
-Sign the document

<table>
<thead>
<tr>
<th>SUBJECT &amp; NUMBER (e.g. Eng 101)</th>
<th>UNITS</th>
<th>PREREQUISITES</th>
<th>SUBJECT &amp; NUMBER (e.g. Eng 101)</th>
<th>UNITS</th>
<th>PREREQUISITES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Math 55</td>
<td>5</td>
<td>NA</td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>12</td>
<td></td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>13</td>
<td></td>
<td>14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>15</td>
<td></td>
<td>16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>16</td>
<td></td>
<td>17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>18</td>
<td></td>
<td>18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>19</td>
<td></td>
<td>19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**COURSE RESTRICTIONS:**
- Concurrent Enrollment is limited to a maximum of 11 units per semester (6 units for Summer session).
- Enrollment in Kinesiology (PE 1) and basic skills courses (Eng 104 level) is not allowed (Ed. Code 55000).
- You may only list LPC courses above.

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

As per Ed. Code 760301, 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 Los Positas College.

- Identify that the above recommended units are based on the student’s ability to benefit from “advanced scholastic or vocational work.”
- Identify that I have attached a copy of the student’s transcript.
- Identify that I am the school Principal / Designee, and authorized to sign this form.

Principal or Designee (Print Name) Humberto Lopez
Principal or Designee (Signature) [Signature]
Date: 11/9/2020 | 11:10:36 AM PST

The Principal or Designee (counselor) will have the option to print or download the documents for their records.
19. Admissions and Records will receive the final and complete Concurrent Enrollment form to process for approval. Students will receive a confirmation email with their registration date.
Las Positas College
Office of Admissions & Records, Bldg 1600
3000 Campus Hill Drive • Livermore, California 94551

Student’s Name: Humberto Lopez

SECTION 3: PARENT/GUARDIAN AUTHORIZATION FOR MINORS (TO BE COMPLETED BY PARENT OR GUARDIAN ONLY)

Parent/Guardian (Print Name): Humberto Lopez

Relationship to minor student: Father

Parent/Guardian phone: (925) 452-2451

By signing this form
• I acknowledge my child’s participation in Las Positas 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 Las Positas 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)

☐ No  □ Yes List medical problem(s) (e.g. heart disease, allergies, mental health, etc.):

Asthma

Parent/Guardian (Signature) ___________________________ Date: 11/6/2020 | 11:55:37 AM PST

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

SECTION 4: RELEASE OF PERSONAL INFORMATION (TO BE COMPLETED BY STUDENT ONLY)

Attention Student: The Family Rights and Privacy Act (FERPA) of 1974 prohibits the College from providing any information to any third parties (including parents, guardians, siblings, etc.) without the express written consent of the student, regardless of age. By signing this form below, you certify that (1) you are the student, (2) you have made an indication below to withhold or release your information on record, and (3) all information provided on this form is complete and accurate.

☐ 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(s) named below:

☐ Any and all personal information on record
☐ Grades and attendance information only
☐ Behavior/disciplinary status only

Parent/Guardian Name: Humberto Lopez
(Print name)

Parent/Guardian Name: George Lopez
(Print name)

Student’s Signature: ___________________________ Date: 11/6/2020 | 10:55:15 AM PST

FOR OFFICE USE ONLY

☐ HIGH SCHOOL TRANSCRIPT
☐ WEB APPLICATION
☐ RESUME
☐ PERSONAL
☐ SKILLS
☐ ENROLL
☐ UNASSIGNED
☐ RENTAL

SAAADS
SWAANP
APPROVED
DENIED

Dean of Enrollment Services:
Date:

HUM/08/20/2020
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 was coded as a non-residency 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 colleges 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 submit 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:

(PRINT)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle</th>
<th>Student ID Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lopez</td>
<td>Humberto</td>
<td></td>
<td>15444789</td>
</tr>
<tr>
<td>Chabot-La Positas College Student ID number</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

EXEMPTION REQUEST:

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

- ☐ Chabot College
- ☒ Las Positas College

Check one box that applies to you:

- ☒ I am a U.S. Citizen, Permanent Resident (green card holder), Deferred Action for Childhood Arrival (DACA) 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 or M 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's Signature: ___________________________ Date: 11/9/2020 1:05:15 AM PST

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

☐ HSNR
☐ Student attributed
☐ Student notified

A & R Administrator or Designee ___________________________ Date: ___________________________

Done by: ___________________________ Date: ___________________________