

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.

SESSION (check one): **FALL** **SPRING** **SUMMER** **20**__

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 _____

STUDENT

Authorization to Release Academic Records

1. I do do not authorize the release and or review of my academic records to: _____

Print name (i.e., parent, family member)

Signature of student: _____