

**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 <sup>th</sup> grade <input type="checkbox"/> 11 <sup>th</sup> grade <input type="checkbox"/> 12 <sup>th</sup> 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)
<b>Example:</b> 33222	BUS	1A	V01	3	N/A
1.					
2.					
<b>ALTERNATE(S):</b>					
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 \_\_\_\_\_

*\*By signing this application, the principal of this school certifies (as per Ed. Code 76001) that no more than 5 percent of the total number of students per grade level shall be recommended for enrollment at Las Positas College for the summer session.*

**STUDENT**

Authorization to Release Academic Records:

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:** \_\_\_\_\_

**[Attach to completed Concurrent Enrollment Application for Admission]**