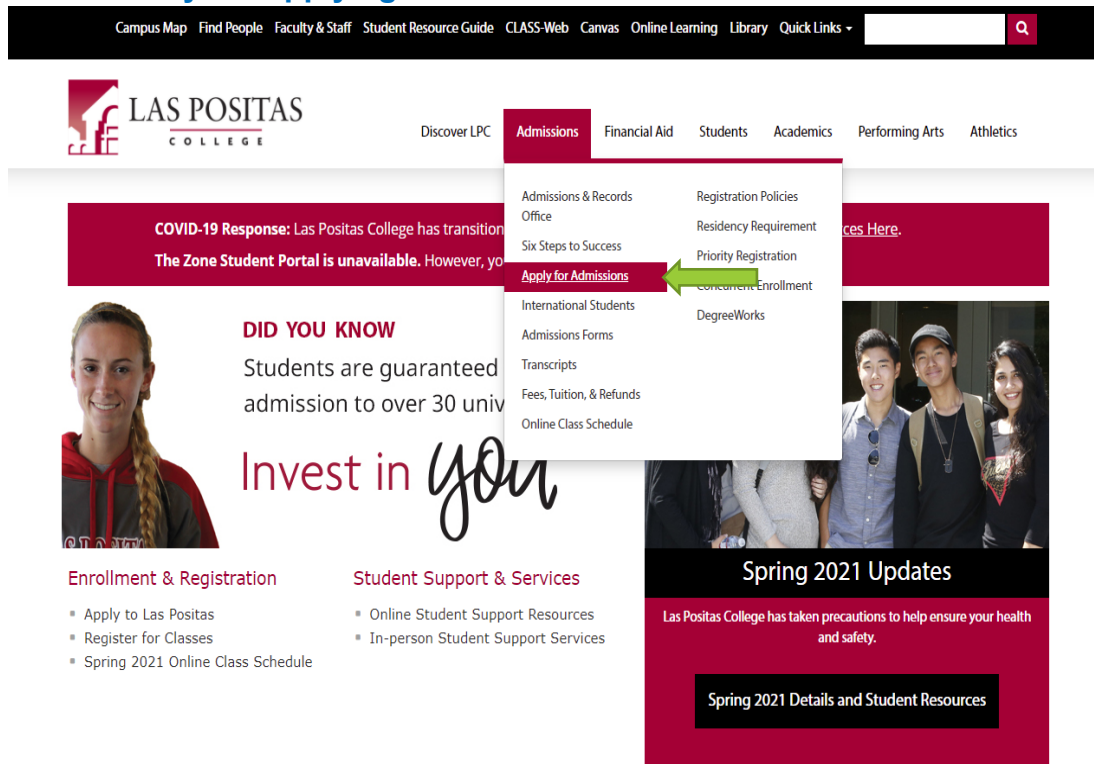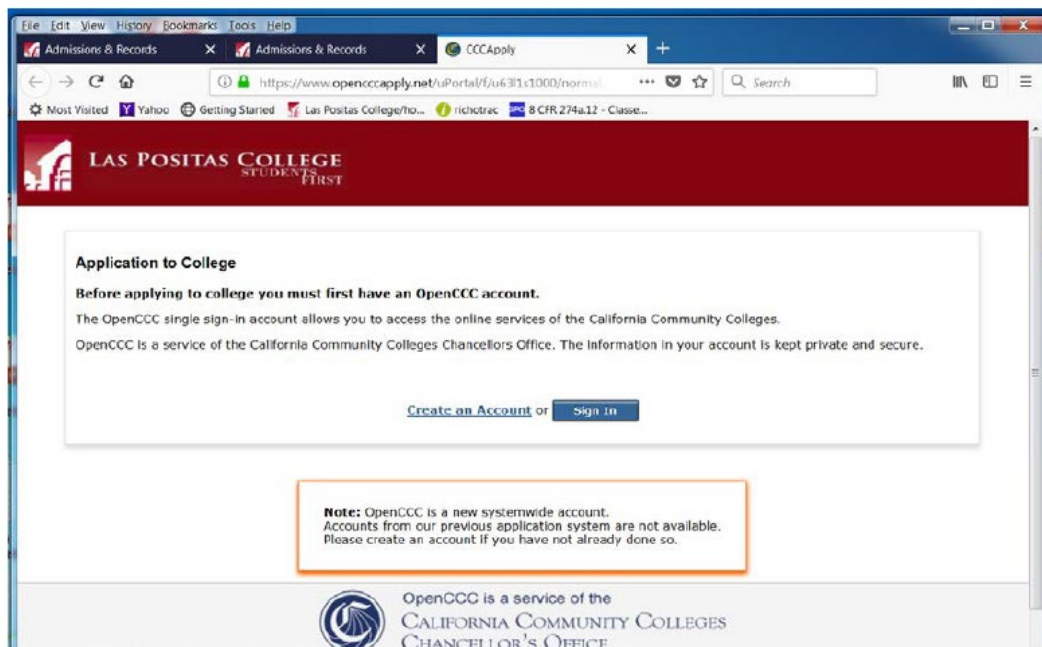# Steps to complete Concurrent Enrollment form through DocuSign

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



2. **The student will need to create an OpenCCC account and start a new application.**

3. **Once the student is done with the application, he/she needs to print a copy of the confirmation page.**
   **The student will provide the 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. **Go to Admissions-Concurrent Enrollment.**

Campus Map   Find People   Faculty & Staff   Student Resource Guide   CLASS-Web   Canvas   Online Learning   Library   Quick Links ▾

## LAS POSITAS
### COLLEGE

Discover LPC   **Admissions**   Financial Aid   Students   Academics   Performing Arts   Athletics

**COVID-19 Response:** Las Positas College has transition...ces Here.
**The Zone Student Portal is unavailable.** However, yo...

| Admissions & Records Office | Registration Policies |
|---|---|
| Six Steps to Success | Residency Requirement |
| Apply for Admissions | Priority Registration |
| International Students | **Concurrent Enrollment** |
| Admissions Forms | DegreeWorks |
| Transcripts | |
| Fees, Tuition, & Refunds | |
| Online Class Schedule | |

**DID YOU KNOW**
Over 43% of Las Posita...
are eligible for financia...
to attend college

Invest in *you*

**Plans for Spring 2021**
Las Positas College has taken precautions to help ensure your health and safety.

**Plans for Spring Semester 2021**

**Enrollment & Registration**
▪ Apply to Las Positas
▪ Register for Classes
▪ College Catalog
▪ Spring 2021 Class Schedule (pdf)
▪ Spring 2021 Online Class Schedule
▪ Degrees & Certificates

**Student Support & Services**
▪ Counseling
▪ Library
▪ Tutorial Center
▪ Reading & Writing Center (RAW)
▪ Computer Center
▪ SmartShop Workshops
▪ Integrated Learning Center

**5. 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.**

   **Concurrent Enrollment DocuSign link**

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.

**6. The student provides all the information required. 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.

| | |
|---|---|
| Your Name (Student): | Humberto Lopez |
| Your Email (Student): | betolopez28@hotmail.c |
| Your School Principal / Designee Name: | Eric Calloway |
| Your School Principal / Designee Email: | callowayeric@dublinusc |
| Your Parent or Guardian Name: | George Lopez |
| Your Parent or Guardian Email: | glopez4551@hotmail.cc |

☐ I'm not a robot — reCAPTCHA Privacy · Terms

Submit

7. **After submitting, the student will get an email confirmation with an access code to validate.**



Please enter the access code to view the document

Arash Sayadi
Las Positas College

An email has just been sent to your email address with a special validation code in it. To proceed to sign your documents please open your email, and enter the code into the box below. Keep this browser window open while you get your email.

Access Code

[•••••••••]   VALIDATE   I NEVER RECEIVED AN ACCESS CODE

Show Text

8. **After validating, the student will have access to the form to provide his/her information, but first they have to agree to use electronic records and signatures and click on continue.**

**9. On this page, the student will need to fill out his/her information on section one and part of section two with all the requested courses.**

DocuSign Envelope ID: 568E04E1-0881-4D9C-8A73-6D63B73A8DB9

**LAS POSITAS COLLEGE**

**Recommendation For Concurrent Enrollment Form**

Office of Admissions and Records. 3000 Campus Hill Drive, Livermore, CA 94551. lpc-concurrent@laspositascollege.edu.

Before submitting this form, you must complete a current online admission application.

Your current official high school transcript must be included with this form.

Term: Spring
Year: 2021

**SECTION 1: STUDENT INFORMATION (TO BE COMPLETED BY STUDENT ONLY)**

W 15444789
LPC Student ID (W) Number (DO NOT put high school ID number or Social Security number)

Current Grade Level: ◯10th ◯11th ●12th

Application Confirmation # Required: 1847521

Name of School: Amador Valley

School Address: 1155 Santa Rita Rd.

Lopez | Humberto |
Last Name | First Name | Middle Name

2116 Willow Rd
Street Address

Pleasanton | California ∨ | 94588
City, State, Zip

(925) 354 - 2589 | 08 25 2001
Phone Number | Date of Birth

hlopez@laspositascollege.edu
Email (registration notification will be sent here)

By signing this form:
- I certify that I am in the 10th, 11th, or 12th grade.
- I acknowledge that I will be earning college credit for courses completed at Las Positas 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 Las Positas College only.
- I acknowledge that my high school's authorized official will be attaching a copy of my high school transcript.

Student signature ⊠ *Humberto Lopez*

**SECTION 2: SCHOOL PRINCIPAL or DESIGNEE (TO BE COMPLETED BY SCHOOL PRINCIPAL or DESIGNEE ONLY)**

REQUESTED COURSES

| SUBJECT & NUMBER (e.g. Eng 1A) | UNITS | *PREREQUISITES | SUBJECT & NUMBER (e.g. Eng 1A) | UNITS | *PREREQUISITES |
|---|---|---|---|---|---|
| 1 Math 55 | 5 | NA | 11. | | |
| 2 | | | 12. | | |
| 3 | | | 13. | | |

**10. The student needs to complete the information on section four (FERPA)**

**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

Parent/Guardian Name: Humberto Lopez
(Print name)

Parent/Guardian Name: George Lopez
(Print name)

Student's Signature: ⊠ *Humberto Lopez*    Date: 11/9/2020 | 10:47:05 AM PST

FOR OFFICE USE ONLY

☐ HIGH SCHOOL TRANSCRIPT
☐ VERIFY APPLICATION    ☐ REG DATE | ☐ CE HOLD | ☐ HSCH | ☐ UNITS | ☐ RESTRICTION

☐ SAAADMS
☐ SWAAPPL    Admissions & Records Staff: _____ Date: _____

☐ APPROVED
☐ DENIED    Dean of Enrollment Services: _____ Date: _____

**11.** 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. The student needs 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.

### STUDENT INFORMATION:

(PRINT)

| Lopez | Humberto | | W_15444789 |
|---|---|---|---|
| Last Name | First Name | Middle | Chabot-Las Positas College Student ID number |

### 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: _Humberto Lopez_                     Date: 11/9/2020 | 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.

## ADMISSIONS & RECORDS OFFICE USE ONLY

**12.** After submitting the forms, the student will have the option of printing or downloading 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 |
|---|---|---|

## 13. The parent will receive an email confirmation to review and fill out his/her part.
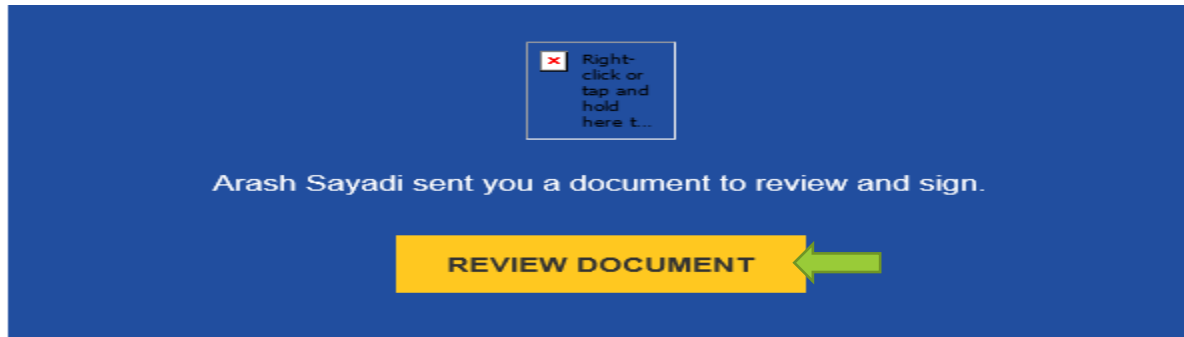


**Arash Sayadi**
arash.ds.developer@valteotech.com

Humberto Lopez,

Please DocuSign Las Positas Concurrent Enrollment Application

Thank You, Arash Sayadi

## 14. The parent agrees to use electronic records and signatures.

## 15. The parent needs to fill out section three and sign the document.

DocuSign Envelope ID: 568E04E1-0881-4D9C-8A73-6D63B73A8DB9

DEMONSTRATION DOCUMENT ONLY
PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE
999 3rd Ave, Suite 1700 • Seattle • Washington 98104 • (206) 219-0200
www.docusign.com

**Las Positas College**
Office of Admissions & Records, Bldg.1600
3000 Campus Hill Drive • Livermore, California 94551

Student's Name: Humberto Lopez

LPC Student ID #: W 15444789

> **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)4522451

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)
- 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) ⊠ _Humberto Lopez_     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

## 16. The parent 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**

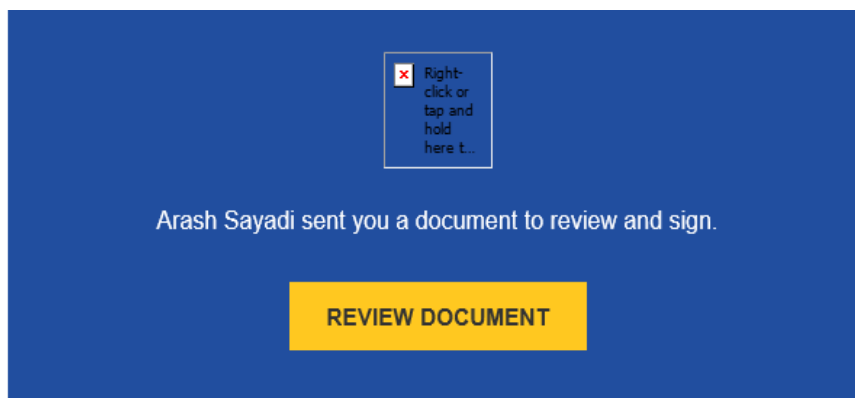**17. The Principal or Designee (counselor) will receive an email confirmation to review the document. They will have to fill out part of section two.**



Right-click or tap and hold here t...

Arash Sayadi sent you a document to review and sign.

**REVIEW DOCUMENT**

**-Units: Spring and Fall max 11 units, Summer max 6 units**
**-Upload the high school transcript**
**-Sign the document**

hlopez@laspositascollege.edu

Email (registration notification will be sent here)

- I acknowledge that my high school's authorized official will be attaching a copy of my high school transcript.

Student signature ☒ ___DocuSigned by:___ Humberto Lopez

➤ SECTION 2: SCHOOL PRINCIPAL or DESIGNEE (TO BE COMPLETED BY SCHOOL PRINCIPAL or DESIGNEE ONLY)

REQUESTED COURSES

| SUBJECT & NUMBER (e.g. Eng 1A) | UNITS | *PREREQUISITES | SUBJECT & NUMBER (e.g. Eng 1A) | UNITS | *PREREQUISITES |
|---|---|---|---|---|---|
| 1 Math 55 | 5 | NA | 11. | | |
| 2. | | | 12. | | |
| 3. | | | 13. | | |
| 4. | | | 14. | | |
| 5. | | | 15. | | |
| 6. | | | 16. | | |
| 7. | | | 17. | | |
| 8. | | | 18. | | |
| 9. | | | 19. | | |
| 10. | | | 20. | | |

COURSE RESTRICTIONS:
- Concurrent Enrollment is limited to a maximum of 11 units per semester (6 units for Summer session).
- Enrollment in Kinesiology (P.E.) and basic skills courses (Eng 104 level, all ESL courses, Math 107 level) are not allowed (Ed. Code 48800).
- You may ONLY list LPC courses above.

*Many courses require the completion of prerequisite courses taken at Las Positas 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).
*To enroll in English and Math courses, you must first take the Assessment test. Subsequent English and Math courses can be taken and passed to clear higher level courses. Assessment testing schedule can be viewed here: www.laspositascollege.edu/assessmentcenter/index.php

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

As per Ed. Code 76001, 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 Las Positas College.
- I certify that the above recommended 11 e based on the student's ability to benefit from "advanced scholastic or vocational work."
- I certify that I have attached a copy of the student's transcript    Yes ⊙  No ○

- I certify that I am the school Principal / Designee, and authorized to sign this form.

Principal or Designee (Print Name) ☒ Humberto Lopez _____  Phone: 9254512546

Principal or Designee (Signature) ☒ _Humberto Lopez_ _____  Date: 11/9/2020 | 11:10:36 AM PST

HL 09/23/2020

**The Principal or Designee (counselor) will have the options to print or download the documents for their records.**

18. **Admissions and Records will receive the final and complete Concurrent Enrollment form to process for approval.**

DocuSign Envelope ID: 568E04E1-0881-4D9C-8A73-6D63B73A8DB9

**Recommendation For Concurrent Enrollment Form**

Office of Admissions and Records.3000 Campus Hill Drive, Livermore, CA 94551. lpc-concurrent@laspositascollege.edu.
Before submitting this form, you must complete a current online admission application.
Your current official high school transcript must be included with this form.

Term: Spring
Year: 2021

**LAS POSITAS COLLEGE**

> **SECTION 1: STUDENT INFORMATION (TO BE COMPLETED BY STUDENT ONLY)**

W 15444789

Current Grade Level: ☐ 10th | ☐ 11th | ☒ 12th

LPC Student ID (W) Number (DO NOT put high school ID number or Social Security number)

Application Confirmation # Required: 1847521

Name of School: Amador Valley

School Address: 1155 Santa Rita Rd.

| Lopez | Humberto | |
|---|---|---|
| Last Name | First Name | Middle Name |

2116 Willow Rd
Street Address

Pleasanton　　　　　California　　　94588
City, State, Zip

( 925 ) 354 - 2589　　　08 / 25 / 2001
Phone Number　　　　　　Date of Birth

hlopez@laspositascollege.edu
Email (registration notification will be sent here)

By signing this form:
- I certify that I am in the 10th, 11th, or 12th grade.
- I acknowledge that I will be earning college credit for courses completed at Las Positas 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 Las Positas College only.
- I acknowledge that my high school's authorized official will be attaching a copy of my high school transcript.

Student signature ☒

> **SECTION 2: SCHOOL PRINCIPAL or DESIGNEE (TO BE COMPLETED BY SCHOOL PRINCIPAL or DESIGNEE ONLY)**

REQUESTED COURSES

| SUBJECT & NUMBER (e.g. Eng 1A) | UNITS | *PREREQUISITES | SUBJECT & NUMBER (e.g. Eng 1A) | UNITS | *PREREQUISITES |
|---|---|---|---|---|---|
| 1 Math 55 | 5 | NA | 11. | | |
| 2. | | | 12. | | |
| 3. | | | 13. | | |
| 4. | | | 14. | | |
| 5. | | | 15. | | |
| 6. | | | 16. | | |
| 7. | | | 17. | | |
| 8. | | | 18. | | |
| 9. | | | 19. | | |
| 10. | | | 20. | | |

**COURSE RESTRICTIONS:**
- Concurrent Enrollment is limited to a maximum of 11 units per semester (6 units for Summer session).
- Enrollment in Kinesiology (P.E.) and basic skills courses (Eng 104 level, all ESL courses, Math 107 level) are not allowed (Ed. Code 48800).
- You may ONLY list LPC courses above.

*Many courses require the completion of prerequisite courses taken at Las Positas 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).
*To enroll in English and Math courses, you must first take the Assessment test. Subsequent English and Math courses can be taken and passed to clear higher level courses. Assessment testing schedule can be viewed here: www.laspositascollege.edu/assessmentcenter/index.php

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

As per Ed. Code 76001, 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 Las Positas College.
- I certify that the above recommended 11 # of units are based on the student's ability to benefit from "advanced scholastic or vocational work."
- I certify that I have attached a copy of the student's transcript　Yes ☒　No ☐
- I certify that I am the school Principal / Designee, and authorized to sign this form.

Principal or Designee (Print Name) ☒ Humberto Lopez　　　　　　Phone: 9254512546

Principal or Designee (Signature) ☒ Humberto Lopez　　　　　　Date: 11/9/2020 | 11:12:55 AM PST

HL 09/23/2020

**Las Positas College**
**Office of Admissions & Records, Bldg.1600**
3000 Campus Hill Drive • Livermore, California 94551

**Student's Name:** Humberto Lopez                    **LPC Student ID#:** W 15444789

## ➤ 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)4522451

**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)
- 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)** ☒ [signature] _____    **Date:** 11/9/2020 | 11:05:37 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 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

**Parent/Guardian Name** Humberto Lopez

                             (Print name)

**Parent/Guardian Name:** George Lopez

                             (Print name)

**Student's Signature:** ☒ Humberto Lopez    **Date:** 11/9/2020 | 10:55:15 AM PST

| FOR OFFICE USE ONLY | | |
|---|---|---|
| ☐ HIGH SCHOOL TRANSCRIPT | | |
| VERIFY APPLICATION | ☐ REG DATE | ☐ CE HOLD | ☐ HSCH | ☐ UNITS | ☐ RESTRICTION | |
| ☐ SAAADMS | Admissions & Records Staff: _____ | Date:_____ |
| ☐ SWAAPPL | | |
| ☐ APPROVED | Dean of Enrollment Services: _____ | Date:_____ |
| ☐ DENIED | | |

HL 09/23/2020

**CHABOT COLLEGE**

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

**LAS POSITAS COLLEGE**

## 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)

| Lopez | Humberto | | W 15444789 |
|-------|----------|--------|------------|
| Last Name | First Name | Middle | Chabot-Las Positas College Student ID number |

### 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: _Humberto Lopez_     Date: 11/9/2020 | 10:55:15 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

| A & R Administrator or Designee | Date | ☐ HSNR ☐ Student attributed ☐ Student notified | Done by: _____ Date: _____ |
|---|---|---|---|

**High School Transcript**

# HUMBERTO LOPEZ TEST