High School Dual Enrollment Approval Form

The intent of the SBCC Dual Enrollment program is to provide educational enrichment opportunities for a limited number of eligible high school students, rather than to reduce current course requirements of secondary schools, and also to help ensure a smoother transition from high school to college for students by providing them with greater exposure to the collegiate atmosphere. (California Education Code 48800). For more information on Qual Enrollment, please see their website here: www.sbcc.edu/dualenrollment

Counselors: click Next>> below to review student requests.
You can review this first page for accuracy and notify the student directly of any errors.

| Last Name | First Name | Date of Birth | Student ID |
|--|--|--|--|
| Your last name | Yourifirst name | 01/01/2004 | K®0000009 |
| Mailing Address | | | SBCC Pi ^P eline Email |
| Youraddress | | | yourpipeline@pipeline.sbcc.edu |
| City | State | Zip Code | Telephone |
| Your city | CA | 99999 2526 | [(805)555-5555 |
| | | for one term at a tin | ne. Type the year the term begins. |
| • | Fall | | |
| | Spring | Year | |
| | Summer (I/II) | | Select one of the two boxes. If you |
| My current education | onal description: (you m | oust selectone (1) of the follow | The had select your stade level for the |
| ☐ I will be | enrolled at the following | public/private high scho | term when you will be in the \$BCC class. |
| | et HS from list | | Grade Level |
| OR (add y | ours if not shown) | | If you are a home school student, ente |
| <u> </u> | n eligible 9-12 grade hon | ne school student enroll | name of school and make sure to upload your affidavit here. |
| | School Name | | Attach Home School Affidavit |
| (**A copy of the Home Si conducting a full-time day 33190)). | chool Affidavit MUST be attac or boarding school at the ele | hed to this form. Every perso ementary or high school level | n, firm, association, parmersing, or corporation onering or must file an Affidavit (California Education Code Section |
| p 2: Student Cou | nselor Information | (Find your High Sch | nool Counselor) |
| High Sch | ool Counselor | | Make sure you have your counselor email |
| High School C | ounselor Email | | address. If it is incorrect, they will not receive the form to approve your courses |
| | | | |

☐ I authorize SBCC to release my final grades to my high school Registrar.
 ☐ 'I do NOT authorize SBCC to release my final grades to my high school Registrar
 '(I will be responsible for sending my SBCC transcripts to my High School)

If you authorize SBCC to release grades, your school will receive your grade automatically. If you do NOT authorize, you will need to request and pay for a transcript if you want high school credit.

Counselors: Please approve, modify, or deny student requests to complete this form

Step 3: High School Approval

See Schedule of Classes for specific course information. Registration is subject to course enrollment caps.

APPROVED COURSES

ALTERNATE COURSES

Enter your 1st and 2nd choices in Case Classes are full

| Hist 101 | 3.0 | Hist: |
|----------------------------|-----------------|----------|
| Span 101 | 5.0 | ASL 1 |
| SBCC Course Title & Number | Units (10 MAX*) | SBCC Alt |
| | | |

| SBCC Alt Course Title & Number | Units (10 MAX*) |
|--------------------------------|-----------------|
| ASL 101 | 5.0 |
| Hist 104 | 3.0 |
| | |

^{*} High School seniors may register in 12 Units MAX. Please note that those who exceed 11.9 units will be assessed fees for the FULL 12 or more units.

Check the box, click the link to Step 4: Acknowledgement of Dual Enrollment Student Agreement review the procedures, and type your name. ☐ I have read, understand and agree to the following procedures and requirements. Date 11/07/2018 Student Signature | First name Last name By clicking Student Submit, I certify the information I provided in this form is accurate and complete to the best of my knowledge, and I agree my electronic signature shall have the same effect as my written signature. Click button to submit. You're done! Stop here and Student Submit close form. Your counselor will complete the rest. For Counselor/Principal only, Sign and Submit Yes, I approve this request No, I do not approve this request. Counselor Notes: (Optional and limited to 400 characters) As Principal or Designee: Pursuant to Education Code 48800, I have reviewed the academic record of the above-named student and certify that the student demonstrates adequate preparation in the course(s) listed and can benefit from advanced scholastic and vocational education at SBCC. SUMMER ONLY: I certify that I am limiting the number of recommendations to no more than five percent of the total number of publis who completed the grade immediately prior to the time of the recommendation for summer session. By clicking Submit, I certify the information I provided in this form is accurate and complete to the best of my knowledge, and I agree my electronic signature shall have the same effect as my written signature. High School Counselor/ Today's Date 11.07.2018

Principal Signature