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 Dual 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.

Your personal information will be pre-populated from Pipeline

Last Name | First Name | Date of Birth | Student ID
-----------|------------|---------------|-------------
[Your last name] | [Your first name] | 01/01/2004 | [Student ID]

Mailing Address
Your Address

City | State | Zip Code
---|---|---
[Your city] | [CA] | [99999 2526]

SBCC Pipeline Email
[Your pipeline@pipeline.sbcc.edu]

Telephone
[805]555-5555

Step 1: Student School Information
(Please select a term and enter the year.)
Pick Fall, Spring, OR Summer. You can only submit for one term at a time. Type the year the term begins.

I am submitting this approval form for the following semester and year:

[ ] Fall
[ ] Spring
[ ] Summer (I/II)

My current educational description: (you must select one (1) of the following)

[ ] I will be enrolled at the following public/private high school:
Select HS from list [Grade Level]

OR

[ ] I am an eligible 9-12 grade home school student enrolled at

[School Name]

(Attach Home School Affidavit)

("A copy of the Home School Affidavit MUST be attached to this form. Every person, firm, association, partnership, or corporation entering or conducting a full-time day or boarding school at the elementary or high school level must file an Affidavit (California Education Code Section 33190)).

Step 2: Student Counselor Information
(Find your High School Counselor)

High School Counselor

High School Counselor Email

Make sure you have your counselor email address. If it is incorrect, they will not receive the form to approve your courses.

Step 3: Release of Final Grades
(You must select one of the following)

[ ] 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**

<table>
<thead>
<tr>
<th>SBCC Course Title &amp; Number</th>
<th>Units (10 MAX*)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Span 101</td>
<td>5.0</td>
</tr>
<tr>
<td>Hist 101</td>
<td>3.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SBCC Alt Course Title &amp; Number</th>
<th>Units (10 MAX*)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASL 101</td>
<td>5.0</td>
</tr>
<tr>
<td>Hist 104</td>
<td>3.0</td>
</tr>
</tbody>
</table>

* 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.

Step 4: Acknowledgement of Dual Enrollment Student Agreement

☐ I have read, understand and agree to the following procedures and requirements.

Student Signature: **First name** **Last name**  Date: 11/07/2018

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 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 pupils 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/Principal Signature  Today’s Date: 11/07/2018