

SPECIAL ADMISSION RECOMMENDATION FORM

* All information required

Choose a term: Fall 20 14 Spring _____ 20_____ Summer _____ 2014

SCCID# _____

First and Last Name _____ Phone # _____
(Please print)

Date of Birth _____ E-Mail Address _____

Anticipated Graduation Date _____ Current Grade Level _____
(If you are new to SCC and under grade 9, please have form signed by college official at your interview—see Criteria #2 on reverse side.)

Current G.P.A. _____


List Courses in which You Wish to Register
Note: You will **NOT** be registered for classes from this form. To register you must use MySolano online registration (www.my.solano.edu).

CRN	Course Title
_____	_____
_____	_____
_____	_____

FEES: Students registering in 12 or more units in Fall and Spring or in 6 or more units in the Summer will be charged regular enrollment fees for all units registered.

I am pleased to recommend the above-named student for Solano Community College's Special Admission Program. He/She is academically prepared for the following scholastically advanced course(s), and completion of the course(s) on your campus would enhance the student's ability to compete effectively in his/her future education. This student has availed himself or herself of all opportunities to enroll in an equivalent course at his or her district of attendance, **per the Education Code, Sections 48800, 48800.5 and 76001(a) and (b).**

For any particular grade level, a principal shall not recommend for community college summer session attendance more than 5 percent of the total number of pupils who completed that grade immediately prior to the time of recommendation.
By signing on line below, K12 principal attests to compliance with this regulation.


K-12 PRINCIPAL SIGNATURE (Required)

5/6/14 MIT Academy
DATE NAME OF SCHOOL


K-12 COUNSELOR SIGNATURE (Required)

5/6/14
DATE

Approved Denied _____
DATE

SCC COLLEGE OFFICIAL (required if student is new to SCC & under Grade 9 See Criteria #2 on reverse side)

I approve of my son/daughter taking the above listed course(s) on the Solano Community College campus. **I understand that there are federally imposed privacy restrictions on my child's records that bar me from accessing their records, regardless of my child's age unless I have my child's written consent. I understand that my child will adhere to the academic standards of the College. I understand that no extra supervision is provided for minors before, during or after class.**

PARENT SIGNATURE (Required)

DATE

I declare under penalty of perjury that the statements submitted by me in connection with determination of Special Admission are true and correct. All materials submitted by me for purposes of admission become the property of Solano Community College. I understand that falsification, withholding pertinent data, or failure to report data changes may result in my dismissal.

STUDENT'S SIGNATURE (Required)

DATE