



Concurrent Enrollment Form

Grades 11 & 12* (**MUST** be at least 16 years of age)

◆ PLEASE **PRINT** IN BLACK INK ◆

Section I: To be completed by student

Semester: Summer Spring Fall Year: _____

Name: _____ Today's Date: ____/____/____
Last First M.

Address: _____ Birth date: ____/____/____ Age:* _____

City: _____ State: _____ Zip: _____ Phone #: _____

Social Security #:

*** Must be at least 16 years of age by the day prior to beginning of semester.**

Name of High School: _____ Graduating Class of: _____

***Note: K - 10th grade students and students under 16 years of age are not eligible to participate in the Concurrent Enrollment Program. Students may register for summer session upon completion of the 10th grade on assigned date.**

Student signature: _____ Date: _____

Section II: Parent Consent (even if student is 18 years of age)

I hereby give my consent to my son/daughter to attend West Valley College and enroll in the classes for which a recommendation has been made. I understand the classes will be taught at the college level; the curriculum will not be modified nor will other accommodations be made. I understand that my son/daughter will be in an adult-learning environment and that she/he is expected to behave accordingly. I also understand that I will not be able to access grades or other confidential information without his/her written consent. I have read the "Parents' Expectations and Responsibilities" and agree to all the conditions.

Parent signature: _____ Date: _____

Section III: To be authorized by a High School Principal or Designee (Counselor)

I recommend that the above student enroll at West Valley College for the course(s) listed below. A maximum of **6 units** is permitted for each of the Fall and Spring semesters; **5 units** for Summer, regardless of recommended courses below. **Classes numbered 900 and above {basic skills} are not available for concurrently enrolled students. Concurrently enrolled students must have a GPA of at least 2.0 on a 4.0 scale.**

Course Number: _____ Course Number: _____ Course Number: _____

Course Name: _____ Course Name: _____ Course Name: _____

High School Credit: Y N High School Credit: Y N High School Credit: Y N

Enrollment is restricted to course(s) listed above.

Signature: _____ Phone: _____

Title: _____ Date: _____

- High school transcripts (public, private or home school) **MUST** accompany the completed packet.
- Please make a copy of completed forms for your records.
- Students will be assigned an in-person registration date and time upon submitting completed packet.
- Misplaced registration cards may be replaced in the Admissions and Records Office.

Office Use Only: Staff: _____ Pre-Req: _____ Reg Date: _____ Time: _____