



# Concurrent Enrollment Program Application

## Grades 11 & 12

**(MUST be at least 16 years of age by the first day of the term)**

West Valley College Student ID Number \_\_\_\_\_

Application for Term & year \_\_\_\_\_

*(WVC ID number will be issued upon submittal of application packet)*

**SECTION I: To be completed by student**

--	--	--

Last Name

First Name

M.

( ) ( ) ( )	-		
-------------	---	--	--

Contact/Cell Phone

Name of High School

--	--	--	--	--	--	--	--

Date of Birth (MM/DD/YY)

--	--

Age

--	--	--	--

Graduation class of

Have you taken classes at WVC before:	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

**\*By signing below I acknowledge reading the "Students' Expectations and Responsibilities" and agree to all the conditions.**

Student's 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. I understand the classes will be taught at the college level; the curriculum will not be modified nor will other accommodations be made. 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. I understand that written authorization from my student is required to conduct business on his/her behalf.

Parent's Signature \_\_\_\_\_

Date: \_\_\_\_\_

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

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 and Winter sessions, regardless of recommended courses below. **Note: Classes numbered 900 and above (basic skills) are not available for concurrently enrolled students. Registration is restricted to the classes below.**

**\* I certify that this student's recommendation for enrollment to West Valley College does not exceed the 5% statutory limit for summer session.**

Principal's /Designee's Signature \_\_\_\_\_

Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Date: \_\_\_\_\_

Course Number:	
Course Name:	
Number of units	
Section Number:	
High School Credit:	Circle one: Yes No

Course Number:	
Course Name:	
Number of units	
Section Number:	
High School Credit:	Circle one: Yes No

Course Number:	
Course Name:	
Number of units	
Section Number:	
High School Credit:	Circle one: Yes No

- High school transcripts (public, private or home school) **MUST** accompany the completed packet. Unofficial transcripts are acceptable. Report Cards are not acceptable.
- 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: \_\_\_\_\_ Petition Yes  No