

Initial _____

Date _____

This form cannot be turned in unless the front and back are complete.

**College of the Canyons
Special Admission Form**

Student's Name: _____

Last

First

Middle Initial

Student's Address: _____ Social Security #: _____

City: _____ ZIP: _____ Phone Number: _____

Grade: _____ High School: _____

Semester and Year (EX: Fall 2007): _____

College Course(s) Requested	Section Number	Units	Days	Hours	*Type of Credit

PASS/FAIL CLASSES WILL NOT BE ACCEPTED FOR HIGH SCHOOL CREDIT. COURSES NUMBERED 100 AND ABOVE IN ENGLISH, FOREIGN LANGUAGE, MATH, SCIENCE, & SOCIAL SCIENCE, IF UC/CSU TRANSFERABLE, ARE WEIGHTED.

***To be completed by counselor (please indicate appropriate number):**

- 1. Elective Credit
- 2. Elective Credit Within A Required Subject Matter
- 3. Specific Subject Matter Course Requirement
- 4. No High School Credit

Upon submitting a transcript request form, I authorize the release of my college transcript to my high school immediately after the completion of course(s).

Student's Signature

Date

Parent Consent: I give my consent for _____ to be enrolled at College of the Canyons as a special part-time student. I understand that it is my son's/daughter's responsibility to submit a sealed transcript to the high school registrar to receive high school credit for College of the Canyons courses. I understand that my son's/daughter's progress will not be monitored by the high school. In the event the student should drop a course, it is the student's responsibility to notify the high school counselor immediately. I understand that my son/daughter is being considered for admission as a college student and he/she will abide by all college rules, regulations and deadlines. I understand that my son/daughter may participate in college surveys or research as approved by the district. I also understand that transportation and other costs for community college courses are the responsibility of the student. Under FERPA, the College will not release any student records, not including directory information, to anyone without the written consent of my student.

Parent or Guardian's Signature

Date

To: DIRECTOR, ADMISSIONS & RECORDS, COLLEGE OF THE CANYONS, SANTA CLARITA, CA
As Principal, I recommend that this student be permitted to take the college level degree applicable classes indicated above.

High School Counselor Signature

Date

High School Principal Signature

Date