



SPECIAL ADMIT FORM

Adult Education Student

STP _____

Initial _____

Date _____

Student's Name: _____
Last First Middle Initial

Student's Address: _____ COC ID #: _____

City/State: _____ ZIP: _____ Phone Number: _____

Grade: _____ Adult School: _____

Semester and Year (EX: Fall 2018): _____

College Course(s) Requested	College Course(s) Requested	College Course(s) Requested

Please consult your high school counselor for specific information regarding your high school's policy on awarding weighted credit for COC UC/CSU transferrable courses numbered 100 and above in English, Math, Foreign Language, Science, Fine Arts and Social Science.

By signing below, I understand I must register myself into the courses above (not to exceed 11 units in any term), on or after my registration date and time. I also understand it is my responsibility to pay for all fees associated with my courses at the time I register, or I may be dropped from my course. Further, I will attend all courses for which I am registered, and understand it is my responsibility to abide by all College rules, regulations, and deadlines as published in the school calendar/catalog, including setting up and regularly checking the @my.canyons.edu email address. This is how the college will communicate with me. It is my responsibility to request an official college transcript if I want my grade posted to my adult school transcripts. It is my responsibility to share my schedule with my adult school counselor and update them with any changes I make to my schedule. I understand that if I have an IEP or 504, I must meet with the College of the Canyons Academic Accommodations Center (AAC) prior to the start of the semester for evaluation and approval of eligible and appropriate accommodations to a college course.

Student's Signature _____

Date _____

To: **DIRECTOR, ADMISSIONS & RECORDS, COLLEGE OF THE CANYONS, SANTA CLARITA, CA**

As Principal, I verify this student is pursuing a high school diploma or high school equivalent certificate and I recommend this student be permitted to take the college level degree applicable classes indicated above.

Adult School Counselor Signature

Date

Adult School Principal Signature

Date

This form cannot be submitted unless all signatures are obtained.