

College Connection Course Request Form

Program you are interested in:

- General Concurrent Enrollment
 Jump Start
 Middle College

College you plan to attend:

- Cañada College
 College of San Mateo
 Skyline College

Term:

- Summer
 Fall
 Spring

 Year: 20 __ __

Grade Level:
(At time of entering course)

- 12th Grade
 11th Grade
 9th Grade

Please provide the information requested below and enter the G# sent to your email after you have applied for admission.

College Student ID # (G #)

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Date of Birth

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Student Name (Last)

(First)

(M.I.)

Legal Address

Home Phone

City

State

Zip Code

Cell Phone

E-Mail Address

High school you attend: _____ Expected graduation date: _____

Your high school approves your eligibility to participate. You should not take remedial courses or courses already offered by your high school.

Placement tests are required for English and Mathematics courses, and many other courses with Math and English prerequisites.

	CRN	Subject	No.	Sec.	Title	Days/Hours	Units
<i>Example:</i>	81632	ACTG	121	AB	<i>Financial Accounting</i>	<i>TTh 7-9:30</i>	5.0

You can only take courses authorized by your high school.

Parent or Guardian

The signature below indicates parental or guardian's permission for the student to enroll at one of the SMCCCD colleges. The college does not assume any responsibility for changes a student makes to his/her schedule.

Print Name of Parent or Guardian _____ Phone # _____

Signature of Parent or Guardian _____ Date _____

Principal or Designee

I have reviewed the academic record of the student named above and recommend this student for admission to the College Connection Concurrent Enrollment Program. I certify that this student can benefit from this advanced scholastic or vocational course work. I understand for any grade level in my school I may not recommend for community college summer session attendance more than five percent of the total number of pupils who completed that grade prior to this recommendation, excluding Middle College High School students.

Print Name of Principal or Designee _____ Phone # _____

Signature and Title of Above _____ Date _____