



COLLEGE AND CAREER PATHWAYS DUAL ENROLLMENT APPLICATION

To be submitted prior to admission to CCAP Dual Enrollment Program

1. STUDENT APPLICANT

Student Name: _____ Los Rios Student ID Number: _____

Phone Number: _____ Email: _____

High School: _____ College: _____

By signing below, I agree to and affirm the following:

- I will be at least 14 years old by the start of the classes in which I intend to enroll.
- I am currently enrolled in a public K-12 school.
- I will not enroll in courses where my safety or the safety of others may be jeopardized.
- I understand grades I earn in CCAP Dual Enrollment courses will be reflected on my permanent college transcript.
- I understand college coursework may include materials of an adult/mature level irrespective of my age and faculty will not be expected to alter or adapt the approved course material for a younger audience.
- I will be expected to speak for myself and be responsible for my work and behavior, as is the case with all college students.
- I may enroll in up to three classes during a semester or summer session.
- I have reviewed these expectations with my parent/guardian.

Student Signature: _____

Date: _____

2. PARENT/GUARDIAN CONSENT

Please review the expectations and policies above your student has agreed to and affirmed.

By signing this form, I am providing consent for my student to participate in a CCAP Dual Enrollment program subject to the policies and expectations above.

Parent Signature: _____ Date: _____ Parent Name: _____

Phone Number: _____ Email: _____

3. HIGH SCHOOL PRINCIPAL/DESIGNEE CERTIFICATION

Students enrolled as CCAP Dual Enrollment students must be able to benefit from career technical education or preparation for transfer (Education Code 76004) and have demonstrated the minimum qualification of a 2.0 GPA and will be aged 14 or older on the first day of the CCAP dual enrollment course.

Applicants may not enroll in more than 15 college units and these units must be part of an academic program contained in the CCAP course agreement with your institution. These units must be part of an academic program designed to award students both a high school diploma and an associate degree or a certificate (Education Code 76004(2)&(3)).

I certify the applicant meets the requirements to enroll in CCAP Dual Enrollment courses as provided in the CCAP course agreement described above, and I recommend this applicant be enrolled in the CCAP dual enrollment course(s) listed therein.

Signature: _____ Date: _____ Name: _____

Title: _____ Phone Number: _____ Email: _____