

DUAL ENROLLMENT FORM

Complete forms in blue or black ink only. Please see additional details on the back of this form.

For questions: Contact the Elk Grove Center ▪ (916) 525-4300 ▪ 10051 Big Horn Blvd. Elk Grove, CA 95757

All new students must complete a CRC Admission application online at: www.crc.losrios.edu/dual

Application Instructions:

1. Attach your current high school transcript or your 8th grade transcript to this form, whichever is more current.
2. Submit this form and attachments to the Admission & Records window at the Elk Grove Center. Provide a valid photo ID (ex. current school ID card, LRCCD ID, State/Govt. ID.)
3. If approved, for California residents, your enrollment fees will be waived. Your Student Representation Fee (SRF) and Universal Transit Pass (UTP) Fee may be covered by your Early or Middle College High School depending on your high school program. Students are responsible for textbook costs unless covered by their high school program. For non-residents, please contact the Elk Grove Center to apply for residency reclassification. If you elect to access Health Services, you must submit the opt-in/minor consent form and will be responsible for the Health Services fee.

Continuing Students: A GPA of 2.0 or better at CRC is required to continue as a dual enrollment student. Each semester, you must submit this form with a copy of your CRC unofficial transcripts and complete the Supplemental Form in eServices. If you were previously registered as a dual enrollment student but did not attend the past Fall and Spring semester, you are considered a returning student and must re-submit the CRC admission application online.

APPLICANT INFORMATION

Term Applying For: Fall 20____ Spring 20____ Summer 20____ LRCCD ID #: _____

High School Name: _____ Current Grade: _____

Last name: _____ First Name: _____ MI: _____ Date of Birth: _____

Phone #: _____ Email Address: _____

Course Title (Ex. PSYC 300)	5-digit Class #	Units	Waitlist, if full? Yes/No	Permission #
1.				
2.				
3.				
4. Alternative:				

- Students can only apply for course(s) that meet their high school program requirements.
- Students may enroll in up to three (3) courses during a semester or summer session, unless limited by the high school program. (May not exceed 11 units per semester)
- If all course sections are full, please see your high school counselor for alternatives.
- Assessment testing/Placement is required if requesting a course with a Math or English pre-requisite.

High School Principal or Designee Recommendation:

I certify that this student demonstrates adequate preparation and can benefit from advanced academic work. Additionally, no more than 5% of students at this grade level have been approved to attend a community college during the summer term.

For Designees Only: If I am signing this form as a designee of the school principal, I have provided the applicant with a Principal’s Designee letter (on school letterhead and signed by the principal) so that it may be included with their application.

Date

Principal or Designee Name (Print)

Signature

Phone

CRC Staff: Send form to Elk Grove Center – Student Services

Admission & Records: _____ **Student Group:** _____

Rec’d by: _____ Date: _____ Approved Denied Rationale: _____

Comments: _____

ADDITIONAL DETAILS REGARDING DUAL ENROLLMENT

The following applies to all dual enrollment applicants:

- Applicants must have a GPA of 2.0 at the time of application.
- Applicants must be at least fourteen (14) years of age by the first day of class. Students must submit proof of age with the dual enrollment form.
- Permission to participate is required from the student's parent or guardian.
- Applicants must receive a recommendation from his/her high school principal or duly authorized designee, including specific course numbers and any acceptable alternative courses. A Principal's Designee letter must be attached if a designee is providing the recommendation signature.
- Assessment testing/placement is required for students planning to enroll in English, Reading, or Mathematics. Additionally, assessment is required if applying for a course that has an English or Math prerequisite.
- In order to retain eligibility, a dual enrollment student must maintain a cumulative GPA of 2.0 in college coursework.
- Approved dual enrollment students are exempt from enrollment fees. Students may be responsible for the Student Representation Fee (SRF), the Universal Transit Pass Fee (UTP), a health services fee, and textbook costs depending on their high school program.
- If denied participation, the decision can be appealed by completing the Dual Enrollment Petition Form. Access the form online at crc.losrios.edu/dual. The petition must be submitted to the college Vice President of Student Services (VPSS). Petitions are reviewed and a response is provided within seven (7) working days.
- An applicant may appeal the decision of the VPSS by submitting a written appeal to the college President within seven (7) days of the VPSS's decision.
- Further Dual Enrollment Regulations available at <http://www.losrios.edu/legal/Regulations/R-2000/R-2218.pdf>

STUDENT AGREEMENT (INITIAL EACH LINE)

_____ I understand in order to retain eligibility, I must maintain a cumulative 2.0 GPA in college coursework.

_____ I understand each term I must submit a dual enrollment form and all required attachments to apply for the next semester.

_____ I understand the grade earned in the college course(s) will be reflected on my permanent college transcript.

_____ I understand that I must act and speak on my own behalf. Parents, guardians, relatives or friends of CRC students are not permitted to enroll, drop, or add classes on my behalf. The same applies to requesting transcripts, grade verifications, or any other admission and records information.

_____ I understand that there is a greater responsibility for learning when enrolled in classes at the college level which may include mature content, irrespective of the age of the student. Faculty will not be expected to alter or adapt course material.

_____ I have been made aware and understand that CRC may share directory information only to my high school as defined in the Family Educational Rights & Privacy Act (FERPA - <http://www.losrios.edu/legal/ferpa.php>).

Student Signature

I have reviewed and accept all of the dual enrollment terms on this form and I acknowledge that CRC shares information about participation in this program with my high school and high school district:

Student Name (Print)

Signature

Date

PARENT/GUARDIAN ACKNOWLEDGEMENT:

Parent/Guardian Acknowledgement:

I have read the student agreement section on this form and authorize my child to enroll in a college level course at CRC. I understand that my child will not be afforded any special status or supervision as a result of his/her minor status. Per FERPA, I will not have access to my child's student records, including grades and transcripts, without his/her written consent.

Parent/Guardian Name (Print)

Signature

Date



Cosumnes River College
STUDENT HEALTH SERVICES
OPT-IN FORM/PERMISSION TO TREAT A MINOR

Term Submitted: Fall 20____ Spring 20____ Summer 20____ LRCCD ID #: _____

Last name: _____ First Name: _____ MI: _____ Date of Birth: _____

Phone #: _____ Email Address: _____

High School Name: _____ Current Grade: _____
(if applicable)

Student (Minor):

I (student/minor) elect to access services and, as applicable, I opt-in to pay the Health Services fee and grant permission/authorize the administration of all diagnostic and therapeutic treatments that may be considered advisable or necessary in the judgement of the physician/nurse practitioner/nurse/counselor at Cosumnes River College Student Health Services of the Los Rios Community College District.

Student Name (Print)	Signature	Date
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Parent/Legal Guardian:

I (parent/legal guardian) grant permission and authorize the administration of all diagnostic and therapeutic treatments that may be considered advisable or necessary in the judgement of the physician/nurse/practitioner/nurse/counselor at Cosumnes River College Student Health Services of the Los Rios Community College District.

Parent/Legal Guardian Name (Print)	Signature	Date
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EMERGENCY INFORMATION:

In case of emergency please contact either of the individuals listed below:

1. _____ Phone: _____
Full Name (Print) Home/Cell Work

Relationship: _____

2. _____ Phone: _____
Full Name (Print) Home/Cell Work

Relationship: _____

ALLERGIES: _____

Medical Conditions (i.e. Diabetes, Epilepsy) _____

Current Medications: _____

**LOS RIOS COMMUNITY COLLEGE DISTRICT****Dual Enrollment** Petition

The rules for enrollment as a Dual Enrollment student were written to help create a learning environment that would promote the success of all students. If you believe that your circumstances substantially warrant your enrollment as a Dual Enrollment student even though your enrollment would run contrary to carefully developed rules, please complete this petition form.

Student's Name: Last: _____ First: _____ MI _____

Los Rios Student ID# _____ Phone _____
(Day) (Evening)

Which of the following Dual Enrollment rule(s) is your petition related to? (Check all that apply)

- Course
- GPA
- Other _____

Explain clearly and thoroughly the circumstances that support your petition in the space below. Use the back of this form if needed.

Student's Signature _____ Date _____

♦Please attach any documents that support your petition.

♦Please submit the signed petition to the Vice President of Student Services. You will receive a written response and/or a meeting will be scheduled with you within seven (7) working days. An applicant may appeal the decision of the VPSS by submitting a written appeal to the college President within seven (7) days of the VPSS's decision.

[For Office Use Only] Approved Denied

VP, Student Services or Designee Signature _____ Date _____