



City College of San Francisco

OFFICE OF ADMISSIONS & RECORDS - Credit

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HIGH SCHOOL DUAL/CONCURRENT ENROLLMENT PERMISSION/CONSENT FORM

STUDENT	Term Applying for: Fall Spring Summer Year: _____				CCSF ID#:
	Student Name: Last		First	MI	Date of Birth:
	Street Address:				
	City:		State:	Zip Code:	
	Telephone Number:		E-mail Address:		
	Name of High School:			Grade Level:	
COURSES		CRN	Subject/Course	Title	Units
	Example	30227	Music 9A	Beginning Piano	2.0
	1 st choice				
	2 nd choice				
	Alternate Course/s: (s)8.569 (:)]T:				
I understand that my child is required to comply with the Rules and Regulation of CCSF and that the C					
PARENT	part of my F K L record in my current school/college record*.				
	Student Signature: (required)				
	Parent/Guardian Name: (Please print)			Telephone No.:	
	Parent/Guardian Signature:			Date:	
PRINCIPAL/DESIGNEE	The above named student is authorized and recommended to enroll in the above college-level course(s) as part of the City College of San Francisco High School Concurrent Enrollment Program for the semester noted by signing this form you are indicating that you have assessed the student's preparedness to undertake college-level studies and recommending the student for attendance in this program*.				
	I also certify that I have not recommended admissions to a community college more than five percent of the total number of students who have completed the grade in which they are enrolled immediately prior to the time of this recommendation (applies to Summer semester only).				
	Name/Title: (Please print)			Telephone No.:	
	Principal/Designee Signature:			Date:	



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Important Information for Dual/Concurrent Enrollment

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