Colton Joint Unified School District

Postsecondary Concurrent Enrollment Contract (2019-2020 School Year)

This form is to be completed by students enrolling concurrently in community college or university courses. This form and board approval is required prior to the student's enrollment in the concurrent course.

Additional registration forms are also necessary for each postsecondary institution and students must meet requirements of the community college or university in order to successfully enroll.

TO BE COMPLETED BY THE STUDENT AND SUBMITTED TO COUNSELOR (Counselor submits to District for Approval):

Student Name: _____ ID. # _____ Grade _____

Postsecondary Institution (please check online if online course): _____Fall _____ Spring _____Summer

_____ Chaffey Community College _____ San Bernardino Valley College

_____ Crafton Hills Community College _____ University of California, Riverside

_____ Riverside Community College _____ California State University, San Bernardino

_____ Other (please specify): _____ _____ Online (please specify)_____

Course to be taken:

College Course #	College Course Title	College Units	Requested Transferable HS Requirement

I understand that in order to be considered a concurrent student for the purposes of a 4 period schedule, I must show evidence of enrollment in a postsecondary class prior to the semester start date at the high school. I also understand that in order to have the transferable units specified above, I must provide an official college transcript to the high school records clerk that has a passing grade of "Pass, A, B, C, or D" in the course. Evidence must be provided prior to the date of graduation in order for seniors to participate in the graduation ceremony.

_____ _____ _____ _____

Student Signature Date Parent Signature Date

_____ _____ _____ _____

Counselor Signature Date Principal Signature Date

TO BE COMPLETED BY DIRECTOR OF EDUCATIONAL SERVICES (7-12):

College Course #	College Course Title	College Units	Transferable HS Requirement	Transferable HS Units

_____ _____ _____

Director of Educational Services (7-12) Date Board Approval Date

***Must have signature of Director of Educational Services (7-12) and Board Approval Date to be valid.**