

San Diego Community College District
Application for Independent Study

DRAFT

☐ City ☐ Mesa ☐ Miramar ☒ **ECC** ☐ Fall ☐ Spring ☐ Summer Year: _____

Student Name: _____ Student ID Number: _____
Last First MI

Course Information

Subject/Course: _____ Class Number: _____ Course No.: _____
(Department i.e. PSYC 125) (CRN)
Title of Course: _____ Units: _____
Name of Instructor: _____
(PRINT)

Student agrees to work _____ hours on this project, but no less than a minimum of 48 hours per unit.
(# of hours)

Project goals: _____

Describe project methodology and activities: _____

Describe how project is to be evaluated: _____

Indicate the frequency of and arrangements for consultation with the instructor: _____

Specify any college facilities to be used: _____

I accept this plan for independent study and certify that I have provided proper evidence showing the completion of the required prerequisites for the specified course.

Student Signature: _____ Date: _____

OFFICIAL USE ONLY

☐ Approved

☐ Denied

Instructor's Signature

Date

Department Chair's Signature

Date

Academic Dean's Signature

Date

Vice President of Instruction's Signature

Date

Distribution: Original sent to campus Admissions & Records Office at the time grades are submitted
Signed copy will be mailed to student upon approval
Signed copy to be retained by instructor for instructor's files

SS_APPINPDNTSDY 06/2017/10/2019



San Diego Community College District
Assignment of Incomplete ("I")
Instructor: Please Print

☐ City ☐ Mesa ☐ Miramar ☒ ECC ☐ Fall ☐ Spring ☐ Summer Year: _____

Student Name: _____ Student ID Number: _____
(PRINT) Last First MI

COURSE INFORMATION

Subject/Course: _____ Class Number: _____ Course No.: _____
(Department i.e. PSYC 125) (CRN)
Title of Course: _____ Units: _____

INSTRUCTOR CERTIFICATION - Student is assigned an "I" (Incomplete) grade for the course indicated above.

IMPORTANT - In accordance with Title 5, Section § 55023(e), an "I" symbol (Incomplete) may be assigned for incomplete academic work for unforeseeable, emergency and justifiable reasons at the end of the term.

1. List below the conditions for removal of the "I" grade (student may not repeat the course to remove incomplete grade):

2. A copy and/or description of the conditions for removal noted above must be provided to the Dean in a sealed envelope in the event of an emergency.

3. The conditions above must be completed by: _____ **NOT TO EXCEED ONE YEAR***
(mm/dd/yy)

***NOTE: An "I" grade must be made up no later than one (1) year following the end of the semester in which it was assigned.**

4. Last date of the semester in which the class met: _____
(mm/dd/yy)

5. Indicate grade to be assigned if the Incomplete ("I") is **NOT** made up by the date specified above:

NOTE: "W" and "IP" grades may not be assigned.

➔
Enter Grade

Instructor's Name: _____
(Please PRINT)

Instructor's Signature: _____ Date: _____

Submit completed form to the Dean.

OFFICIAL USE ONLY

Dean's Name: _____

Dean's Signature: _____ Date: _____

ASSIGNMENT OF INCOMPLETE ("I") PROCESS

Step 1:

1. Instructor gives the completed "Assignment of Incomplete" form to the Dean, along with a sealed envelope enclosing the work to be completed and the class syllabus. The Dean files the sealed envelope pending completion

Note: Envelope is not to be opened except in unforeseeable conditions

2. Dean reviews the "Assignment of Incomplete" form for compliance with Title 5
3. Dean retains a copy of the "Assignment of Incomplete" form, and sends original to the Admissions & Records office
4. Admissions & Records sends a copy to the student, and sends the original to District Records office
5. District Records office will process the form and retain the original

Step 2: (upon completion of the required assignments)

1. Student completes the assignment
2. Instructor grades the assignment and assigns final grade on "Grade Assignment/Change" form
3. Instructor submits the form to the Admissions & Records office
4. Admissions & Records sends the form to the District Records office for processing, and notifies the Dean that the process is complete

Step 3: (in the event of unforeseen circumstances, and the Instructor is no longer able to work with the student on incomplete assignment)

1. Student will be referred to the Dean
2. Dean will work with the Department Chair to allow student to fulfill requirements
3. The Department Chair or other designated faculty will grade the assignment and assign the final grade on the "Grade Assignment/Change" form and submit it to Admissions & Records
4. Admissions & Records sends the form to the District Records office for processing



San Diego Community College District
Change of Course Level within a Discipline or Section

☐ City ☐ Mesa ☐ Miramar ☐ Spring ☐ Summer ☐ Fall Year: _____

Student Name: _____
(PRINT) Last First MI

Student ID Number: _____ Telephone: _____

E-mail: _____ Date: _____

Faculty Explanation

Change of Course Level or Section within a Discipline (automatic transfer of fees)

Subject/Course being **dropped**: _____ **CRN/Class Number**: _____

Subject/Course being **added**: _____ **CRN/Class Number**: _____ ☐ Online Course

Initiating Faculty Signature _____ Initiating Faculty Name (Print) _____ Date: _____

Admitting Faculty Signature _____ Admitting Faculty Name (Print) _____ Date: _____

First day of attendance in course being added: _____

☐ Approved _____ Date: _____

☐ Denied _____ Department Chair's Signature _____

Change of ELAC ~~Skill Level~~/Milestone

Change ELAC ~~Skill Level~~ **Milestone** From: _____ To: _____

Department Chair: ☐ Approved ☐ Denied

Signature: _____ Date: _____

Instructions

This form is designed to initiate a change of "course level" (either higher or lower) or section within a discipline by the faculty on behalf of a student for a specific class **number(CRN)**. Upon completion, this form should be routed via the department to the Admissions Office. **Timely processing of this form is important.**

Change of Course Level or section within a Discipline

- 1) **Initiating Faculty:** Complete the form; provide explanation, attach documentation and sign.
- 2) **Student:** Route form to the Admissions Office.
- 3) **Admissions Staff:** Enter approved course and fee exchange on student's record.

ELAC Skill Level/Milestone Change

- 1) **Initiating Faculty:** Complete the form, sign and route directly to the Admissions Office.
- 2) **Admissions Staff:** Enter approved change on the Comments page (i.e., "department approved skill level upgrade") and FAX form to the District Student Services Office at ext. 6970.
- 3) **District Office Staff:** Post appropriate change(s) on the student's record.

OFFICE USE ONLY

Date Processed: _____ Initials: _____



San Diego Community College District Consent to Release Confidential Student Information by Faculty

DRAFT

The Family Educational Rights and Privacy Act of 1974 (FERPA) prohibits the disclosure of information contained in your educational records to any individual, including family members, unless you provide written consent. You must complete a separate form for each individual to whom you grant access.

When completing this form, please use black or blue ink and **print** (or type) all information legibly.

Section A – Student Information

Name: (Last, First, Middle Initial)

Student ID Number:

Birth Date:

Home Address: (street, apartment number, city, state, zip code)

Telephone:

()

Section B – Individual to whom Information may be Released

Name: (Last, First, Middle Initial)

Relationship to Student:

Home/Business Address: (street, apartment number, city, state, zip code)

Telephone:

()

Section C – Student Certification

I, _____, give consent to _____
(Student's Name) (Instructor name)
to release confidential information to the individual listed in *Section B* above, regarding ~~course reference~~Class
number, _____ for the course _____ taken in _____.
(CRN) (i.e. PSYC 125) (Semester/Year)

Specify information to be released: *(Select all the apply)*

- ☐ Attendance ☐ Academic performance ☐ Discipline matters
☐ Other: *(specify)* _____

I acknowledge that this release to remain in effect: *(check one)*

☐ from: _____ to: _____
(Date) (Date)

☐ from: _____ and until I submit a notification in writing revoking my authorization.
(Date)

Student's Signature: _____ **Date:** _____

Photo identification will be required for any person requesting access to a student's record.

OFFICIAL USE ONLY: This area is to be used to make notes of items discussed/distributed.





FACULTY INFORMATION Use the following form any time a student requests that you provide information about them to another individual, including family members. Once completed, forward this form to the District Student Services office and maintain a copy for your files. Please note that the bottom of the form provides space for you to write the information that was released for your records.



San Diego Community College District Consent to Release Confidential Student Information by Faculty

The Family Educational Rights and Privacy Act of 1974 (FERPA) prohibits the disclosure of information contained in your educational records to any individual, including family members, unless you provide written consent. You must complete a separate form for each individual to whom you grant access.

When completing this form, please use black or blue ink and **print** (or type) all information legibly.

Section A – Student Information	
Name: (Last, First, Middle Initial)	Student ID Number:
	Birth Date:
Home Address: (street, apartment number, city, state, zip code)	Telephone: ()
Section B – Individual to whom Information may be Released	
Name: (Last, First, Middle Initial)	Relationship to Student:
Home/Business Address: (street, apartment number, city, state, zip code)	Telephone: ()
Section C – Student Certification	
I, _____, give consent to _____ (Student's Name) (Instructor name)	
to release confidential information to the individual listed in <i>Section B</i> above, regarding course-reference class	
number, _____ for the course _____ taken in _____ (CRN) (i.e. PSYC 125) (Semester/Year)	
Specify information to be released: (<i>Select all the apply</i>)	
☐ Attendance ☐ Academic performance ☐ Discipline matters	
☐ Other: (<i>specify</i>) _____	
I acknowledge that this release to remain in effect: (<i>check one</i>)	
☐ from: _____ to: _____ (Date) (Date)	
☐ from: _____ and until I submit a notification in writing revoking my authorization. (Date)	
Student's Signature: _____ Date: _____	
Photo identification will be required for any person requesting access to a student's record.	
OFFICIAL USE ONLY: This area is to be used to make notes of items discussed/distributed.	



DRAFT

San Diego Community College District Faculty Academic Sanction Form

In accordance with Administrative Procedure, *AP 3100.3 Honest Academic Conduct*, the following form must be completed whenever an academic sanction has been imposed. The completed form must be given to the School Dean within 10 instructional days of the imposition of an academic sanction. The School Dean must provide a copy of the Disciplinary Officer/Dean of Student Affairs for documentation.

Faculty Name: _____ Date of Incident: _____
Last First

Student Name: _____ Student ID Number: _____
Last First

Subject/Course: _____ Class Number: _____
Course Subject/Name: _____ Course Reference Number (CRN): _____

Assignment/Exam: _____

Evidence of academic dishonesty: _____

What academic sanction was assigned? *(Select applicable)*
(Note: Sanction can only be related to the assignment in question)

- ☐ Zero on assignment/test ☐ Re-do work/re-take exam
☐ Lowering of grade on assignment or test ☐ Other: *(specify)* _____

Was an office conference scheduled with the student and Department Chair, or designee, to discuss the allegation and evidence? ☐ Yes ☐ No

If yes, specify the date of the conference: _____

Who was in attendance (name and title): _____

If no conference was held, please explain why: _____

Faculty Signature: _____ Date: _____

This section is to be completed by the School Dean

Would you like this incident to be processed through Board of Trustee Policy, *BP 3100, Student Rights, Responsibilities, Campus Safety and Administrative Due Process*? ☐ Yes ☐ No

School Dean Name: _____

Signature: _____ Date: _____



DRAFT

San Diego Community College District
Student Code of Conduct Violation

Faculty Removal of Disruptive Student from Class

Board of Trustee Policy, BP 3100, *Student Rights, Responsibilities, Campus Safety and Administrative Due Process*

Today's Date: _____ Campus/Location: _____

Student Name: _____ Student ID Number: _____

Date/Time of Incident: _____ Room: _____ **Class No:** _____

Witnesses: _____

Removal of Student: (select one)

☐ Student removed from class

☐ Student removed from class and subsequent class meeting

Description of Incident: (state facts only) _____

Administrator Present? ☐ Yes ☐ No If yes, please name: _____

College Police Contacted? ☐ Yes ☐ No If yes, please name: _____
(Name of responding officer)

Action taken by Faculty Member: _____

Did the student leave voluntarily? ☐ Yes ☐ No

If no, please share additional information:

Faculty Name: _____ Signature: _____
(Please Print)

Contact Number: _____ E-mail: _____



Faculty Removal of Disruptive Student from Class Operating Guidelines

Background

In accordance with Board of Trustee Policy, *BP 3100 Student Rights, Responsibilities, Campus Safety and Administrative Due Process*, students have the right to a safe learning environment free from interference or disruption.

As such, students must adhere to the Student Code of Conduct, in accordance with Administrative Procedure, *AP 3100.2, Student Disciplinary Procedures*:

- If a student violates the Student Code of Conduct, faculty may remove a student from their class for that class meeting and the following class meeting.
- Acceptance of make-up work during the "removal" is at the discretion of the instructor in accordance with the class syllabus and Board of Trustee Policy, *BP 3110, Attendance Accounting*.

Removal from Class

- 1) If a student is asked to leave a class for disruptive behavior, the student is expected to follow the directions of the instructor. Failure to follow directions to leave the classroom is considered a violation of the Student Code of Conduct, Section 3.09*, as follows:

"Failure to comply with directions of staff members of the District who are acting within the scope of their employment. Continued and willful disobedience or open and persistent defiance of the authority of District personnel..."

*Reference: Board of Trustee Policy, *BP 3100 Student Rights, Responsibilities, Campus Safety and Administrative Due Process*, Section 3 – Student Code of Conduct.

- 2) If a student refuses an instructor's directive to leave:
 - Instructor will call College Police
 - Each college will designate an administrator responsible for communication channels
- 3) In the rare event the student does not follow the directions of the College Police to leave the classroom; College Police will follow police procedures, pursuant to Penal Code 626. Intervention by College Police may include, depending on the situation:
 - Brief dismissal of the class for a break to "remove audience" for the disruptive student
 - Fact-finding
 - Arrest pursuant to the Penal Code
- 4) Instructor should refer the incident (via written notice) to the Disciplinary Officer, in accordance with Administrative Procedure, *AP 3100.2, Student Disciplinary Procedures*.
- 5) Incident reports will be summarized and reviewed semi-annually by college executive staff.
- 6) Districtwide summaries of college incident reports will be reviewed regularly.



San Diego Community College District
Grade Assignment/Change Form

DRAFT

Campus: ☐ City ☐ Mesa ☐ Miramar ☒ ECC Semester: ☐ Fall ☐ Spring ☐ Summer Year: _____

Student Name: _____ Student ID Number: _____
(PRINT) Last First MI

Subject/Course: _____ Class Number: _____ Number of Units: _____
(i.e. PSYC 125) (CRN)

Course Title: _____ Instructor Name: _____

Instructor: Please ensure that all appropriate items are completed and retain a copy prior to initial submission. This form is an official record and will be filed as a supplement to the official grade and attendance roster in the District Records Office.

☐ **Grade Change** (See District Grade Change Policy on the reverse side)

Reason for Change: (select one)

- * 1. ☐ **Removal of Incomplete** – Student has completed course for which an incomplete grade was previously assigned

Final grade to be assigned: _____ Last date of known academic activity: _____

- ** 2. ☐ **Correction** of error in assigning original grade (Title 5, Section 55025)

Original grade assigned: _____ Grade to be corrected: _____

Last date of known academic activity: _____ Total positive attendance hours: _____
(if class is scheduled as a positive attendance class)

Instructor must specify below any additional information pertinent to grade change:

Instructor Signature: _____ Date: _____

☐ **Assignment of Late/Missing Grade**

(Report a grade for a student missing from your online grade sheet; use only for students who are officially enrolled in the class)

Last date of known academic activity: _____ Total positive attendance hours: _____
(if class is scheduled as a positive attendance class)

Grade Assigned: _____ Instructor Signature: _____ Date: _____

Official Use Only – Campus Committee Approval

Incomplete Grades

1. Extension of one-year deadline for change, if "I" grade to letter grade is: ☐ Approved ☐ Denied Extended to: _____
Date

Remarks: _____

Chair Person of Designated Campus Committee: _____
Name Signature

Grade Changes

Extension of one-year deadline for change of grade to a completed course is: ☐ Approved ☐ Denied

Remarks: _____

Chair Person of Designated Campus Committee: _____
Name Signature



District Grade Change Policy

- * 1. Incomplete Grades – An “I” grade may be changed to a letter grade if the student completed the course within one year following the end of the term in which it was assigned. A student who needs an extension, due to extenuating circumstances, of the one year deadline must receive campus committee approval.
- **2. Grade Changes – In the absence of mistake, fraud, incompetence, or bad faith, the determination of a student’s grade by an instructor shall be final once they have been filed in the District Records Office (Title 5, Section 55025). No grade may be changed for a completed class after one year without supportive evidence and the approval of the designated campus committee.

District policy will not permit a change to a student’s grade beyond two years.

- 3. Assignment of Late Grade – No grades will be accepted for students who were not officially enrolled as of census.
- 4. Grade Change F to Drop will not be accepted. In accordance with Title 5 Section 58004, it is the instructor’s responsibility to clear rosters of inactive enrollment including “no shows” before census.



San Diego Community College District
Grade Challenge Petition

DRAFT

Important Note to Student: Turn in this completed form to the appropriate Instructional (School) Dean

Student Name: _____ Student ID Number: _____

Previous Name(s) Used: _____

Address: _____
Street City State Zip

Telephone: _____ E-mail: _____

California Education Code Section 76224 states that grades assigned by faculty are final unless there has been a mistake, fraud, bad faith or incompetence. Student may only challenge a grade if one of these four grounds exists. The burden of proof is on the student.

Please provide a detailed explanation of your request, attach additional sheets if necessary. Include supporting documentation when submitting this petition. Grade Challenge Procedure 3001.2 is attached for your information.

Subject/Course Number: _____ **Class Number:** _____ **Grade:** _____
(i.e. PSYC 125) (GRN)

Indicate campus and semester/year:

- ☐ City College ☐ Fall ☐ Spring ☐ Summer Year: _____
☐ Mesa College
☐ Miramar College
☐ Continuing Education (specify site): _____
(i.e. North City)

Request Details: _____

I certify that the foregoing statements and the attached documentation is a true, accurate, and complete statement of the facts.

Student Signature: _____ **Date:** _____

OFFICIAL USE ONLY

☐ Received by Dean's Office Received by: _____
Referred to: ☐ Department Chair ☐ Vice President, Instruction
Date: _____ Date: _____



San Diego Community College District
Petition to Challenge
Course Prerequisites, Corequisites & Limitations on Enrollment

DRAFT

OFFICIAL USE ONLY

Time/Date: _____

Accepted by: _____

Initial: _____

☐ City ☐ Mesa ☐ Miramar ☒ ECC

Name: _____ Student ID Number: _____
(PRINT) Last First MI

Address: _____
Street City State Zip

Telephone: _____ E-mail: _____

Grounds for challenge – The challenge process is designed for students who believe they have met a course prerequisite through means other than completion of an equivalent course at another institution or high school. Students may only challenge a prerequisite based upon one of the criteria below. The burden of proof is on the student, and space must be available in the class being challenged.

Check Only One: (Supporting documentation must be attached)

- ☐ **Knowledge or Skill** – Student can demonstrate the knowledge or skill needed to succeed in the course despite not meeting the prerequisite or corequisite. Student will be required to demonstrate this knowledge or skill. (See reverse side for details)
- ☐ **Health and Safety** – Student can demonstrate that no threat is posed to self or others in a course which has a prerequisite established to protect health and safety.
- ☐ **Undue Delay** – Student can demonstrate that attainment of educational plan goal will be unduly delayed because the prerequisite or corequisite course has not been made reasonably available (impacted programs). (Attach copy of Educational Plan)
- ☐ **Unlawful Discrimination** – Student believes prerequisite or corequisite is discriminatory or has been applied in a discriminatory manner (students may only challenge one section). Process this petition through the Dean's office in consultation with the Chair. Burden of proof is on the student.)

Provide a detailed explanation of your request, and include supporting documentation.

Subject/Course: _____ **CRN**Class Number: _____

Prerequisite: _____ Assessment Skill Levels: R_____ W_____ M_____ **ESLELAC**

A written statement is required in the space below to support the challenge (attach additional sheets as needed)

I certify that the foregoing is true and correct.

Student Signature: _____ **Date:** _____

OFFICIAL USE ONLY

1. Department Decision: ☐ Approved ☐ Denied

Comments: _____

Department Chair/Designee Signature: _____ Date: _____
(Cannot be instructor of record)

2. Forward to Instructional Dean Signature: _____ Date: _____

3. Forward to Admissions

4. Admissions Process date: _____ **By:** _____ **Comment Page:** _____

Student Notified: _____ **Receipt Number:** _____

☐ Registered ☐ Not Registered ☐ Approved ☐ Denied

15

Procedures for Processing Petition

Students may challenge only one section of the same course.

Student must:

1. Complete the petition and attach all supporting documentation.
2. Submit the completed petition to the Admissions office **AT LEAST** 10 working days prior to the start of the primary term/semester.
3. Student will be permitted to register in class (pending outcome of process).
4. Pay all required fees. Receipt will be required.

NOTE: Space must be available in the class. Students will be administratively dropped if the petition is not approved. Fees will be refunded.

Student challenging English or mathematic prerequisites will be required to take the assessment test prior to filing a Petition to Challenge.

If challenging based on **knowledge or skill**, documentation cannot be a transcript or grade report from another institution indicating completion of an equivalent course to the prerequisite course being challenged. All transcripts from other institutions should be sent to the District office for evaluation.

Processing the Petition:

1. The completed petition is forwarded by the Admissions Office to the appropriate Department Chair/designee. **Note that the Department Chair/designee cannot be the instructor of record for the course.**
2. The Department Chair/designee approves or denies the petition.
3. Challenges that are based upon **unlawful discrimination** will be sent directly to the Instructional Dean responsible for the department. The Dean will review the petition in consultation with the Department Chair/designee, and the site compliance officer as appropriate. The petition is approved or denied by the Dean and forwarded to the Admissions Office.
4. The School Dean reviews the petition and signs the form.
5. The final decision must be made by the final deadline to register before the start of classes.
6. The School Dean forwards the petition to the Admissions Office.
7. The Admissions Office will inform the student of the decision in a timely manner.
8. Students will be administratively dropped and receive a full refund of fees for all petitions that are not approved. Refunds will be processed in accordance with the college's published refund procedure. Instructors will be notified of final action.
9. If challenge is approved, the approval will be honored Districtwide.

San Diego Community College District
Processing Fees for Credit by Examination

☐ City ☐ Mesa ☐ Miramar ☐ Fall ☐ Spring ☐ Summer Year: _____

Student Name: _____ Student ID No: _____
(PRINT) Last First MI

E-mail: _____ Telephone: _____

Please collect a fee per unit equivalent to the enrollment fee.

Course: _____ Unit value: _____

Total fees to be collected: \$ _____

College Evaluation Office Approval

Signature: _____

Date: _____

CASHIER USE ONLY

☐ Cash ☐ Check ☐ Visa/MC ☐ M.O.

Received by: _____ Date: _____

Receipt Number: _____ Date Posted: _____
Posted on ISIS:

Distribution: White:Original—Accounting Office; Yellow:- Copy—Campus Evaluations and ; Pink:- Student

SS-FEESNONTRAD 11/2019

San Diego Community College District
Processing Fees for Reissuing Diplomas

DRAFT

From Full
sheet to
half-sheet

PLEASE CHECK ☐ City ☐ Mesa ☐ Miramar

Current Name: _____ Student ID Number: _____
(PRINT) Last First MI

Name at time of Graduation (If different than above): _____
Last First MI

Birth Date: _____ College of Graduation: ☐ City ☐ Mesa ☐ Miramar

Degree or Certificate Awarded: _____ Date of Graduation: _____
(i.e. Spring 2019)

Name at Time of Graduation

PRINT NAME

First Middle Last

Telephone: _____ E-mail: _____

Address: _____
Street City State Zip

NOTE: DIPLOMAS WILL BE ISSUED IN THE NAME OF RECORD AT THE TIME THE DEGREE WAS AWARDED

IMPORTANT INFORMATION, PLEASE READ

- Requests will be processed within 4-6 weeks
- Diplomas will be mailed to the above address
- There will be a charge of \$10.00 for each diploma requested

Student Signature: _____ Date: _____

College Evaluations Signature: _____ Date: _____

CASHIER USE ONLY

☐ Cash ☐ Check ☐ Visa/MC ☐ M.O.

Received by: _____ Date: _____

Receipt Number: _____ Date Posted: _____

Posted on Isis: _____
Date

Distribution: Original-White- Accounting Office; Copy to Yellow- Campus valuator; Pink- and Student

SS-REISSUEDEG 2/201911/2019

18



DRAFT

San Diego Community College District
Proof of Prerequisite/Co-requisite

☐ City/EGG ☐ Mesa ☐ Miramar ☐ Spring ☐ Summer ☐ Fall Year: _____

Student Name: _____
(PRINT) Last First MI

Date: _____ Student ID Number: _____ Birth Date: _____

E-mail: _____ Telephone: (____) _____

Desired Course: _____ Prereq/Coreq: _____

Desired Course: _____ Prereq/Coreq: _____

Initial

Equivalency/Unofficial Documentation: I understand it is my responsibility to send official transcripts to the San Diego Community College District documenting completion of the above course. **Please attach copy of documentation.**

Prerequisite clearance does not mean this course is equivalent for graduation purposes.

See the evaluations website at: <http://studentweb.sdccd.edu/evaluations/>
<http://sdccd.edu/students/evaluations/>

OFFICIAL USE ONLY

Documentation of Prerequisite/co-requisite: ☐ Transcript ☐ Other: _____

College/High School: _____

Subject/Course: _____ Semester/Year: _____ Grade: _____

Approved by: _____ Signature: _____ Date: _____
(PRINT)

Received by: _____ Initials: _____ Date: _____
(PRINT)



San Diego Community College District
**Request/Authorization to Conduct
Off-Campus Student Activity**

DRAFT

Campus: ☐ City ☐ Mesa ☐ Miramar ☐ Continuing Education (Specify Campus): _____

Course/Organization: _____ Instructor/Advisor: _____
Title and Number or Name

Class NumberGRN: _____

Type of Activity: (see Board of Trustees Policy, *BP 3120, Off-Campus Student Activities*)

- ☐ Field Trip, Excursion, Class Convened Off Campus
- ☐ Optional Visit
- ☐ Associated Student Body Activity
- ☐ Co-curricular Activity - part of previously Board-approved season schedule
- ☐ Co-curricular Activity - **not** a part of previously Board-approved season schedule

- Is the Activity:
 - Outside California Yes ☐ No ☐
 - Overnight Yes ☐ No ☐
- Will an advance of funds be requested as a part of this activity? Yes ☐ No ☐

(If the answer to any statement above is yes, and the activity has not been previously Board-approved, the Dean responsible for travel will prepare a Board agenda item requesting advanced Board approval.)

Time and date of activity: _____

Location where activity is to be conducted: _____

Brief description of the activity/purpose: _____

Transportation*: (Select One)

- ☐ Will be the responsibility of each individual
- ☐ Will be provided by the District

*See restrictions in Board of Trustee Policy, *BP 3125, Transportation of Students*

I have read Board of Trustees Policy, *BP 3120, Off-Campus Student Activities*, and certify that to the best of my belief the activity for which authorization is requested is in consonance therewith.

Signature of Requester: _____ Date of Request: _____

OFFICIAL USE ONLY

- ☐ Approved
- ☐ Not approved (see remarks below)

Remarks: _____

Signature of Dean: _____ Date: _____

Student Petition☐ City ☐ Mesa ☐ MiramarName: _____ Student ID Number: _____
(PRINT) Last First MI

Previous Name(s): _____

Address: _____
Street City State Zip

E-mail: _____ Telephone: _____

Major: _____ Specialization: _____

Are you receiving Veterans Benefits? ☐ Yes ☐ No Financial Aid? ☐ Yes ☐ No**Purpose of Petition:**☐ Extension of time to remove incomplete grade ☐ Late withdrawal - Semester: _____ **CRN**Class No: _____☐ Other: _____

Provide a detailed explanation of your request, attach additional sheets if necessary:

(Attach supporting documentation)

Student Signature: _____ Date: _____

OFFICIAL USE ONLY**Counselor/Instructor Recommendation:** _____

Name: _____ Signature: _____ Date: _____

Department Chair Recommendation: _____

Name: _____ Signature: _____ Date: _____

Dean Recommendation: _____

Name: _____ Signature: _____ Date: _____

Committee Action: ☐ Approved ☐ Denied

Reason(s): _____

Committee Chair Signature: _____ Date: _____

Recorded by: _____ Date: _____



San Diego Community College District
**Supplemental Application and Certification of Special
Part-Time High School Student**

DRAFT
Modified to align
with the new
DocuSign form

☐ City ☐ Mesa ☐ Miramar Semester: _____ Year: _____

Student Name: _____ Student ID Number: _____
(PRINT) Last First MI

Current Grade Level: _____ Expected High School Graduation Date: _____

Admission Regulations (initial _____)

1. Students must have completed the 10th grade.
2. Students may enroll in fewer than 12 units and have their enrollment fees waived.
3. Partnership agreements may have alternative or other specific enrollment guidelines.
4. High school students must satisfy course prerequisites and eligibility requirements. Proof required, contact the college for information.
5. Physical education activity classes will not be permitted for enrollment.
6. The course must be advanced scholastic or technical (college degree applicable). Contact the college Admissions Office for details.
7. Students will be given college credit for all courses. Grades will be part of the student's permanent college record.
8. I have received and read the *Important Facts of Concurrent Enrollment*.

Academic Standing Rules (initial _____)

1. Students must maintain a 2.0 grade point average each semester in all college work.
2. Students must not receive a "W", "I" and "NP" in any college semester or the student will be academically disqualified.
3. A special part-time student whose grade point average falls below a 2.0, or who does not complete 60% of all units attempted will not be permitted to re-enroll.

Access to Student Record (initial _____)

I, _____, hereby authorize access to all of my academic records
(Student Name)
maintained by the San Diego Community College District to the following school/person/organization listed below:

- ☐ School/District: _____
- ☐ Parent/Guardian: _____
- ☐ Organization/Other third party designee: _____

This authorization will be effective from: ☐ Fall ☐ Spring ☐ Summer Year: _____

This authorization will be valid through: ☐ Fall ☐ Spring ☐ Summer Year: _____

I have read the Admission Regulations and Academic Standing Rules stated above and understand the eligibility requirements thereof.

Student Signature: _____ Date: _____

Parent/Guardian Permission for Minor Child to Enroll in a College Class
(to be completed by the Parent/Guardian)

I grant permission for my child to enroll in the indicated class(es) listed herein during: _____
(Semester/Year)

Student Name: _____

- I understand that in accordance with state & federal law, I will not have the right to access my child's college records without their written consent or a court order.
- I understand that students attending classes on the college campuses are guests and must comply with all policies of the District including the Student Code of Conduct (Board of Trustees Policy, BP 3100). Students who violate District policies will be subject to removal.
- I have received and read the *Important Facts of Concurrent Enrollment*.
- Note that some private institutions may not grant college credit if the student also received high school credit for the same course.

Parent/Guardian Name: _____
(PRINT) Last First

Parent/Guardian Signature: _____ Date: _____

Minor's Authorization Consent for Medical Treatment
(to be completed by the Parent/Guardian)

- In cases of illness, injury or life threatening emergencies, I hereby authorize San Diego City, Mesa and/or Miramar College Student Health Services staff to assess and treat my child.
- Permission is also granted to provide a referral to an outside physician and facility, if deemed necessary by health care providers.
- This permission does not cover special elective procedures requiring local anesthesia (suturing, biopsy, toenail removal). Parent/guardian will be contacted via telephone, and sent consent form for permission to perform these procedures.
- Per state law, parental permission is NOT required in cases of treatment of sexually transmitted disease and contraception (birth control).
- Nominal fees may be charged for laboratory, pharmacy, and special procedures deemed necessary by health care providers at the college Student Health Services. Payment of these fees will be required at the time services are received.
- I authorize the college to provide medical treatment to my child in case of emergencies.

- ☐ I agree and accept the terms above
☐ I do not agree, therefore decline authorization

Parent/Guardian Name: _____
(PRINT) Last First

Parent/Guardian Signature: _____ Date: _____

High School Certification
(to be completed by the high school)

- This is to certify that _____ at: _____
(Student's Name) (Name of High School)
has my recommendation to attend community college based upon their ability to benefit from advanced scholastic work in accordance with California Education Code Section 48800.5.
- The above student is approved to attend course(s) with the San Diego Community College District during:
☐ Fall ☐ Spring ☐ Summer Year: 20_____

Subject Area (i.e. ENGL)	Course Number (i.e. 101)	Class Number (Formerly CRN)	# of Units	Class Meets						
				Hours (Begin/End)	M	T	W	Th	F	S

- I certify that the course is not available at the school of attendance.
- I certify that any ADA for this student is claimed in accordance with the law.
- I certify that in conformity with California Education Code, no more than 5% of this student's class is participating in concurrent summer enrollment at a community college.
- I certify that this student's enrollment is consistent with the admission regulations above.

High School Official: _____
(PRINT) Last First

Title: _____

High School Official Signature: _____

School Telephone: (_____) _____ Date: _____

High School
Seal/Stamp

COLLEGE OFFICIAL USE ONLY

☐ Enrolled ☐ Enrollment Errors Processed by: _____ Date: _____

Comments: _____

23