

CERRO COSO COMMUNITY COLLEGE
 Concurrent Student Release

THIS PROCEDURE MUST BE FOLLOWED EACH SEMESTER:

1. Complete the Cerro Coso Application or Update form online;
2. Obtain approval from high school counselor or administrator;
3. Obtain approval from parent or guardian;
4. Take this completed form to the Cerro Coso counseling center for approval.

NO COURSE MAY BE TAKEN, OR CLASS CHANGES MADE WITHOUT THE APPROVAL OF A COLLEGE COUNSELOR OR EDUCATIONAL ADVISOR.

FOR STUDENT/PARENT COMPLETION (Please fill in appropriate blanks with ballpoint pen.)

Student's Name _____ Birth Date _____ Student ID # @ _____
Last First M.I.

Address _____ Phone Number () _____
Street City State Zip Code

By enrolling in a college level course, you are agreeing that YOU will be responsible for communicating with your instructors, studying at least two hours for every hour of class (minimum), turning in college level assignments complete and on time, and purchasing all textbooks within the first week of class. If you are uncertain about carrying out any of these responsibilities, a college course may not be the best option for you, at this time. Please contact a college counselor if you have any questions.

I agree to abide by all the rules and regulations of Cerro Coso Community College, and authorize the release of academic and Code of Conduct information to the high school. I hereby release you from any and all liability or damages for providing the information requested.

Student's Signature _____ Date _____

Parental Approval _____ Date _____

FOR SCHOOL OFFICIAL COMPLETION

Name of School _____

School Address _____
 (Only if high school is outside the Cerro Coso service area)

Grade: (indicate one) 9 10 11 12 Adult School G&T GPA _____

Is student taking course(s) as part of the Virtual High School Program? Yes No

College Course Requested	Course Reference Number CRN	Units	College Credit	HS Credit	Initial of HS Official

Comments/Exceptions*: _____

As Designated School Official, I recommend that this student be permitted to take the college degree applicable classes indicated above. I certify that I have not recommended over 5% of students from any grade level to Cerro Coso College during the summer semester.

Release Approval _____ Date _____
Signature of School Official Title Contact Number

*If an exception to the 2.75 minimum G.P.A. is felt to be appropriate, the school official must explain the reason.

FOR COLLEGE COMPLETION ONLY

Approved Disapproved

Counselor's Signature _____ Date _____

Comments: _____

Course Credit Transferred _____ Date _____
College Registrar