



# High School Dual and Concurrent Enrollment Application

**PRINT TO SIGN**

**Concurrent Enrollment Deadlines: Fall 2017 - DUE NOW / Spring 2018 - December 11 / Summer 2018 - May 17**

Choose one:  Summer  Fall  Spring Year \_\_\_\_\_ HS Grade Level:  9  10  11  12

### High School Student's Information

Name: \_\_\_\_\_ COD Student ID #: 05- \_\_\_\_\_  
Last First M.I.  
Phone \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Email Address \_\_\_\_\_

### Parent/Guardian Authorization

I hereby certify that I am the parent/guardian of the above named student. I am in agreement with and give my consent for his/her attendance at COD. I have read and understand the HS Dual and Concurrent Enrollment Policy including the special note to parents. I give my permission for emergency first aid and treatment for my minor child/legal ward. I acknowledge that my child will be creating a permanent college academic record at College of the Desert.

Parent/Guardian (print name) \_\_\_\_\_

**Parent/Guardian 's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### High School Authorization

Permission is granted for the above-named student to enroll in courses at College of the Desert.

Name of High School \_\_\_\_\_ City \_\_\_\_\_

High School Counselor (print name) \_\_\_\_\_

High School Counselor's Signature \_\_\_\_\_ Date \_\_\_\_\_

High School Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

**\* For summer session, K-12 principals may not recommend more than five percent of the number of pupils who have completed a particular grade immediately prior to the time of the recommendation. (Ed Code 48800)**

**Home School Students** who are not affiliated with a school district, accredited private school, or Riverside County Office of Education must submit copies of forms their parents have submitted to the CA State Superintendent of Public Instruction verifying they have notified the state appropriately of their home school status.

### Requested Class Schedule (Rank requested courses - attach additional sheet if necessary)

Course Code	Sect. #	Course Title	Hours	Days	Instructor	Units
MUS-033	1928	Symphonic Band	6pm - 8:50pm	W	Fleischmann	1

If approved for enrollment, I give my permission for COD Admissions & Records (A&R) to register me in these classes. I understand that approval does not guarantee enrollment. If the class is filled, I will need to obtain an Add Permit Code from the instructor once the term begins. **Initial** \_\_\_\_\_

I acknowledge that A&R will email me my enrollment status, but I am responsible for checking my class schedule on WebAdvisor. **Initial** \_\_\_\_\_

I accept full responsibility for the grade I will receive or for dropping a class I will not attend. **Initial** \_\_\_\_\_

I will activate my @mycod.us email account and monitor it regularly. I acknowledge that failure to activate and monitor my college email account does not exempt me from responsibility to act upon college-related matters. **Initial** \_\_\_\_\_

I understand this application is valid for the current term only and must be resubmitted for following terms. **Initial** \_\_\_\_\_

I understand that I am eligible only for the open enrollment period and may not participate in priority registration. **Initial** \_\_\_\_\_

**High School Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

#### Office Use Only

- Current application on file
- Official HS transcript in sealed envelope
- Personal Statement
- Copy of COD Assessment Scores
- Letter of Recommendation (GPA < 3.0)

Approved  Denied Registrar's Signature \_\_\_\_\_ Date \_\_\_\_\_