



PETITION FOR CONCURRENT/DUAL ENROLLMENT 9th-12th GRADE STUDENTS TO RIO HONDO COLLEGE

TO BE COMPLETED BY STUDENT— Please Print

Student's Name: _____ Date of Birth: _____ RHC Student ID Number: _____
Last First M.I.

Name of School Currently Attending: _____ Current Grade Level: _____ Student Phone #: _____

Student Email Address _____

Semester and Year that you wish to attend Rio Hondo College: Fall 20__ Spring 20__ Summer 20__

HIGH SCHOOL PRINCIPAL or DESIGNEE ENROLLMENT INFORMATION and CERTIFICATION OF ELIGIBILITY

COURSES FOR WHICH STUDENT WISHES TO ENROLL: (maximum 11 non-remedial units)

COURSE TITLE	UNITS	COURSE TITLE	UNITS

As Principal or designee*: Pursuant to Education Code 48800.5 and 76001, I have reviewed the academic record of the above named student and certify that the student demonstrates adequate preparation in the course(s) listed. I certify that I am limiting the number of recommendations to no more than five percent (5%) of the total number of pupils who completed the grade immediately prior to the time of the recommendation for summer session.

I certify that I am aware of the above Ed Code and I also recommend that the above student take no more than _____ max units.

NOTE: Courses must be identified *PRIOR* to signing.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Phone Number: _(_____) _____ Ext.: _____

STUDENT AND PARENT SIGNATURES

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

You must still register for class(es) that have been approved for official enrollment. Submission of this petition does NOT constitute official enrollment of classes. Please read the 9-12 Concurrent/Dual Enrollment Policy on the reverse side. Thank you.

FOR OFFICE USE ONLY	DATE RECEIVED: _____	PROCESSED BY: _____
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* A letter signed by the Principal with a list of approved designees **MUST** be on file at Rio Hondo College Admissions Office.