



## **SPECIAL ADMISSION PROGRAM**

### **CRITERIA**

1. The Special Admission Program is open to any K-12 student who, in the opinion of the Superintendent/President or designee, can benefit from instruction.
2. Students may be admitted upon recommendation of the principal, counselor and parent. **All new students under grade 9 and their parent or guardian must attend an interview with a college official, such as college deans, college vice-presidents, counselors, or subject matter instructors, to determine enrollment eligibility, course placement, or general advisement.**
3. Special Admission students shall conform to the College's academic rules and regulations and the code of conduct expected of all college students.
4. **The College reserves the right to exclude or limit enrollment into programs where health, safety, instructional methodology, facility constraints, or legal requirements are deemed inappropriate for Special Admission students.**
5. Students are exempt from paying the California Community College Enrollment Fee if they enroll as a part-time student (less than 12 units). Special Admission students who enroll in 12 or more units are considered full-time college students and must pay the enrollment fee for all units enrolled. All other required fees must be paid by part-time and full-time Special Admission Students (i.e., Health Service Fee, Student Center Fee, Student Record Fee, and R.S.V.P. Telephone Registration Fee.)
6. Effective January 1, 2004, Senate Bill 338 limits the enrollment of Special Admission students to a maximum of 10% of each Physical Education class. (Example: if a class maximum is 40 students, only 4 special admission students will be allowed to enroll)

The following documents must be completed, signed and submitted to the Office of Admissions and Records before students may register in courses:

### **PROCEDURE**

1. Submit Application for Admission and the Special Admission Recommendation Form.
2. High School transcripts or verification of prerequisite course completion must be submitted prior to registration. Students must provide documentation for prerequisite approval or challenge. Prerequisites are strictly enforced and will not be waived by the Division Dean.
3. All of the above forms must be submitted prior to registration. All special admission students enroll as a new student each semester.
4. **You must register for classes using R.S.V.P. (Telephone Registration, 707-864-1006), Online Services ([www.solano.edu](http://www.solano.edu)) or In-Person at the Office of Admissions and Records. YOU WILL NOT BE REGISTERED FOR CLASSES FROM THIS FORM.**

**OVER**

**SPECIAL ADMISSION RECOMMENDATION FORM**

TO: DEAN, ADMISSIONS AND RECORDS  
Solano Community College

Fall \_\_\_\_\_ 20\_\_\_\_  
Spring \_\_\_\_\_ 20\_\_\_\_  
Summer \_\_\_\_\_ 20\_\_\_\_

Soc. Sec. No. \_\_\_\_\_

Last Name \_\_\_\_\_  
(Please print) First Initial

Date of Birth: \_\_\_\_\_

Anticipated Graduation Date \_\_\_\_\_  
(Required)

Current G.P.A. \_\_\_\_\_

Current Grade Level \_\_\_\_\_ (If you are new to SCC and under grade 9, please have form signed by college official at your interview—see Criteria #2 on reverse side.)

I am pleased to recommend the above-named student for Solano Community College's Special Admission Program. He/She is academically prepared for the following scholastically advanced course(s), and completion of the course(s) on your campus would enhance the student's ability to compete effectively in his/her future education. This student has availed himself or herself of all opportunities to enroll in an equivalent course at his or her district of attendance, **per the Education Code, Sections 48800, 48800.5 and 76001(a) and (b).**

List Courses You Wish to Enroll In:

Note: You will not be registered for classes from this form. To register you must use telephone registration (707) 864-1006, online registration ([www.solano.edu](http://www.solano.edu)) or In-Person registration at the Office of Admissions and Records.

| Sect # | Course # | Course Title |
|--------|----------|--------------|
| _____  | _____    | _____        |
| _____  | _____    | _____        |
| _____  | _____    | _____        |

\_\_\_\_\_  
K-12 COUNSELOR / ADVISOR  
SIGNATURE

\_\_\_\_\_  
DATE NAME OF SCHOOL

\_\_\_\_\_  
K-12 PRINCIPAL SIGNATURE (Required)

\_\_\_\_\_  
DATE NAME OF SCHOOL

\_\_\_\_\_  
SCC COLLEGE OFFICIAL (required if student is new to SCC & under Grade 9- See Criteria #2 on reverse side)

Approved  Denied \_\_\_\_\_  
DATE

I approve of my son/daughter taking the above listed course(s) on the Solano Community College campus. **I understand that there are privacy restrictions on my child's records. I understand that my child will adhere to the academic standards of the College. I understand that no extra supervision is provided for minors before, during or after class.**

\_\_\_\_\_  
PARENT SIGNATURE (Required)

\_\_\_\_\_  
DATE

I declare under penalty of perjury that the statements submitted by me in connection with determination of Special Admission are true and correct. All materials submitted by me for purposes of admission become the property of Solano Community College. I understand that falsification, withholding pertinent data, or failure to report data changes may result in my dismissal.

\_\_\_\_\_  
STUDENT'S SIGNATURE (Required)

\_\_\_\_\_  
DATE