

# Approval for Concurrent Enrollement of High School Students



CALIFORNIA STATE UNIVERSITY, SACRAMENTO  
**College of Continuing Education**

(Attach this sheet to completed Independent Travel Study Proposal)

## California State University, Sacramento Office of Admissions and Records

Instructions for completing application:

**Part A:** To be completed by the applicant

**Part B:** Parent or guardian signature required

**Part C:** High school principal or counselor will provide information and approval

**Part D:** California State University, Sacramento departmental approval

**A** Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Anticipated date of high school graduation \_\_\_\_\_  
Course(s) desired \_\_\_\_\_

Department	Course Number	Course Title	Semester
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**B** The above named student has my permission to enroll at California State University, Sacramento.

Signed \_\_\_\_\_  
(parent or guardian signature required)

Date \_\_\_\_\_

**C** I recommend that this student be permitted to enroll at California State University, Sacramento for the following course(s):

Name of Course(s) \_\_\_\_\_

Signed \_\_\_\_\_  
(principal or counselor signature required)

High School \_\_\_\_\_

Date \_\_\_\_\_

... **C** Please indicate below an instructor who would be most knowledgeable about this student's ability to complete the recommended course(s).

Instructor \_\_\_\_\_

Department \_\_\_\_\_

Phone \_\_\_\_\_

Please attach an official transcript of the this student's academic record, including ACT and SAT scores if available and submit all documents to:

CSUS College of Continuing Education  
Travel Study Division  
6000 J Street  
Sacramento, CA 95819-6103

High School Grade Point Average \_\_\_\_\_

ACT or SAT Scores (if available) \_\_\_\_\_

**D** Departmental Recommendation

I \_\_\_\_\_  approve or  disapprove enrollment in course(s):

Department	Course Number	Course Title	Semester
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Signed \_\_\_\_\_  
Dean, College of Continuing Education

Date \_\_\_\_\_