

Approval for Concurrent Enrollment of High School Students



SACRAMENTO STATE
COLLEGE OF CONTINUING EDUCATION

(Attach this sheet to completed Independent Travel Study Proposal)

Instructions for completing application:

Part A: To be completed by the applicant

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

Part B: Parent or guardian signature required

Part D: California State University, Sacramento departmental approval

Part A: Applicant

Name			Birth Date
Address	City/State	Zip	
Phone			
Anticipated date of high school graduation			
Course(s) desired	Department	Course Number	Semester

Part B: Parent/Guardian

The above named student has my permission to enroll at California State University, Sacramento.

Signed (Parent or guardian signature required) _____ Date _____

Part C: High School

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

Name of Course _____

Signed (principal or counselor signature required) _____

High school _____ Date _____

An instructor who would be most knowledgeable about this student's ability to complete the recommended course(s). _____ Instructor Phone _____

Department _____

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

Sacramento State's College of Continuing Education
Travel Study Division
3000 State University Drive, MS 6103
Sacramento, CA 95819

Part D: Departmental Recommendation

I, _____ approve or disapprove enrollment in course(s):

Course Title _____ Department _____ Course Number _____ Semester _____

Dean, College of Continuing Education _____ Date _____