



Fresno City College

HIGH SCHOOL / COMMUNITY COLLEGE ENRICHMENT PROGRAM

APPLICATION CHECKLIST

Student: Please read and initial next to each application packet requirement

- I have completed my ONLINE or PAPER State Center Community College District **Application for Admission**.
 - _____ (student's initials)

- I have listed the specific class(s) I wish to enroll in on my Enrichment Program Application. **Class schedule is only available online.** *(You must work with your high school counselor to determine which courses are appropriate for your educational goal.)*
 - _____ (student's initials)

- I have obtained all appropriate signatures for my Enrichment Program Application to include: Parent/Guardian, High School Counselor and High School Principal. *(Note: a parent or guardian of a home schooled pupil may sign without the signature of a principal.)*
 - _____ (student's initials)

- I have attached a copy of my **current high school transcript** **(current unofficial copy is acceptable).**
 - _____ (student's initials)

- I have attached a copy of my **Fresno City College English and/or Math Placement Exam results** *(exceptions may be made for higher level math courses; please check with your high school counselor for possible exemptions).*
 - _____ (student's initials)

- **Special Admittance:** I have attached the required letters from my high school counselor, principal and parent/guardian to my Enrichment Program Application Packet.
 - _____ (student's initials)

- **I intend to register for the class(s) I have identified on my enrichment program application upon approval from FCC Counselor.**
 - _____ (student's initials)

- I have signed and attached the FERPA form **(optional)** releasing my educational information to the parent/guardian identified.
 - _____ (student's initials)

SUBMIT COMPLETED APPLICATION PACKET TO: College Relations Office *1101 E. University * Student Services Building, Room 111 * Fresno, CA 93741 * Telephone: (559) 442-8225



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APPLICATION

SCCCD Student ID Number _____ Date _____

Name _____

Phone _____ E-MAIL _____

Date of Birth _____ Age _____ GRADE Level _____

High School _____ Year of Graduation 20 _____

Proposed Semester of Attendance: Fall 20 _____ Spring 20 _____ Summer 20 _____
(Aug. – Dec.) (Jan. – May) (June-July)

****In consultation with high school counselor, please list the Fresno City College course(s) requested:***

5 DIGIT SECTION #	COURSE NO	COURSE TITLE	UNITS	DAYS	BEGIN TIME	END TIME	ROOM	INSTRUCTOR
<i>Example:</i> 17764	Psy-2	Gen Psychology	3	MWF	2:00pm	3:50pm	FH-101	Valentino

SIGNATURES REQUIRED FOR CONSIDERATION TO PARTICIPATE:

High School Counselor _____ Date _____
Print Name Signature Phone No.

High School Principal _____ Date _____
Print Name Signature Phone No.

*****Refer to High School/Community College Enrichment Program Instruction Pg. 1, Par. 3.*****

TO BE FILLED OUT BY HIGH SCHOOL:

High School GPA (minimum cumulative 2.50 GPA):

Student is meeting minimum minutes per day in high school: Yes No

Student is authorized to take one or two classes.

Student is taking class(s) for high school credit: Yes No

PARENT/GUARDIAN SECTION

I give my son/daughter/ward permission to enroll in the Enrichment Program at Fresno City College. I understand Enrichment students are allowed on campus only to attend class(s) and that "College courses may include material that is of an adult and/or sensitive nature." My son/daughter/ward will arrive on campus shortly before class and leave immediately after class. He/she will (check one):

____ Use public transportation. ____ Drive. ____ Be driven by parent or designee.

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____

Date _____

Enrichment Counselor Review _____

Date _____

Special Admittance use only

Approved: Denied:

Office of Instruction: _____

Date: _____

XCSM: _____ Date _____

Program Eligibility Requirements

- Currently a Junior or Senior; or
- Junior status in the fall (for summer applicants); and
- Cumulative high school GPA of 2.50 or higher (excluding PE and military science); or
- Returning Enrichment student who have successfully completed course(s) with a C or better.

Special Admittance Policy

A student, who does not meet the Enrichment Program eligibility requirements below, **must** submit letters of recommendation from high school counselor and principal as well as a letter from parent/guardian. The letters are to be addressed to the Vice President of Instruction, Dr. Timothy Woods, and included with the Enrichment Program Application packet.

- Below the minimum 2.5 cumulative GPA.
- Below 11th grade (Junior) status.
- Requests for more than 2 classes and/or more than 11 units.
- Received a “D”, “F”, an “Incomplete” or “NP” grade in an Enrichment class.

Required Letters of Recommendation

1. Letter of recommendation from high school counselor addressing specifically:
 - a. How the student has demonstrated adequate preparation, and
 - b. How the student has exhausted all opportunities for the course at his or her school of attendance.
2. Letter from Parent/Guardian addressing how the course(s) will benefit the student as well as the means of transporting the student to and from campus.
 - a. *For safety reasons, Enrichment students are expected to be on campus shortly before class and leave immediately after class. Also, indicate if the high school student will be attending the class with someone who is 18 years or older.*

Upon review by the Vice President of Instruction, the applicant and/or parent will be notified by the College Relations staff regarding the decision.



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STATE CENTER COMMUNITY COLLEGE DISTRICT

AUTHORIZATION TO RELEASE STUDENT INFORMATION (FERPA) FORM

STUDENT NAME: _____
Print Name

ID#: _____

ADDRESS: _____

Phone: _____

I authorize the release of all information concerning my educational and financial records to the individual(s) listed below. I understand that if I choose to cancel this authorization, I must provide a written notice to the Admissions and Records Office. This does not affect any information released by the District prior to receipt of the cancellation. If I wish to have my educational and financial records released to any other person(s) after this date, I must complete a new FERPA release form.

Name	Relationship	SSN (Last 4 digits)	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Before any of your student information is released, the above person(s) must be able to verify their relationship to you, the last four digits of their own social security number, and all of the following information about you:

- Full name
- Social Security number
- Date of birth

By signing this document, you consent the release of your educational and financial information to the individuals listed above. This consent applies to educational records that may otherwise be protected under the Family Educational Rights and Privacy Act (FERPA) of 1974, as amended by, 20 U.S.C. 1232g.

Student Signature: _____

Date: _____

If this form is mailed or faxed in, it must be accompanied with a government issued photo ID with student's signature.