



# SPECIAL ADMIT FORM

## Adult Education Student

STP \_\_\_\_\_

Initial \_\_\_\_\_

Date \_\_\_\_\_

Student's Name: \_\_\_\_\_  
*Last First Middle Initial*

Student's Address: \_\_\_\_\_ COC ID #: \_\_\_\_\_

City/State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Grade: \_\_\_\_\_ Adult School: \_\_\_\_\_

Semester and Year (EX: Fall 2018): \_\_\_\_\_

College Course(s) Requested	College Course(s) Requested	College Course(s) Requested

**Please consult your high school counselor for specific information regarding your high school's policy on awarding weighted credit for COC UC/CSU transferrable courses numbered 100 and above in English, Math, Foreign Language, Science, Fine Arts and Social Science.**

By signing below, I understand I must register myself into the courses above (not to exceed 11 units in any term), on or after my registration date and time. I also understand it is my responsibility to pay for all fees associated with my courses at the time I register, or I may be dropped from my course. Further, I will attend all courses for which I am registered, and understand it is my responsibility to abide by all College rules, regulations, and deadlines as published in the school calendar/catalog, including setting up and regularly checking the @my.canyons.edu email address. This is how the college will communicate with me. It is my responsibility to request an official college transcript if I want my grade posted to my adult school transcripts. It is my responsibility to share my schedule with my adult school counselor and update them with any changes I make to my schedule. I understand that if I have an IEP or 504, I must meet with the College of the Canyons Academic Accommodations Center (AAC) prior to the start of the semester for evaluation and approval of eligible and appropriate accommodations to a college course.

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

To: **DIRECTOR, ADMISSIONS & RECORDS, COLLEGE OF THE CANYONS, SANTA CLARITA, CA**

As Principal, I verify this student is pursuing a high school diploma or high school equivalent certificate and I recommend this student be permitted to take the college level degree applicable classes indicated above.

\_\_\_\_\_  
**Adult School Counselor Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Adult School Principal Signature**

\_\_\_\_\_  
**Date**

**This form cannot be submitted unless all signatures are obtained.**