



OFFICIAL USE ONLY

 RCC ID NUMBER

HIGH SCHOOL CONCURRENT RECOMMENDATION FORM

TO BE COMPLETED BY STUDENT AND HIGH SCHOOL OFFICIALS (EACH SEMESTER):

Last Name: _____ First Name: _____ Date: _____
 High School: _____ Expected HS Graduation Date: _____ Major: _____
 Concurrent Enrollment Semester: Summer ____ Fall ____ Spring ____ Year _____

REDLANDS COURSE(S) DESIRED BY STUDENT:

Seq. No	Dept.	Course No.	Subject	Online/Zoom/At High School/On RCC Campus
<i>EXAMPLE</i> 1877	<i>EXAMPLE</i> ENGL	<i>EXAMPLE</i> 1213	<i>EXAMPLE</i> Composition II	<i>EXAMPLE</i> Online

<p>Juniors & Seniors:</p>	<p>Accredited High School: Minimum 19 ACT Composite <u>OR</u> 3.0 unweighted high school GPA <u>AND</u> a 19 in the appropriate subject area.*</p>	<p>High School / Unaccredited High School: A student receiving high school level instruction at home or from an unaccredited high school must have a transcript reflecting completion of enough high school credits to be classified as a Juniors (11 total units) or Senior (16 total units).</p>
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**Students who meet the ACT Composite scores and/or GPA requirements, but do not meet the individual subject area ACT scores are eligible to take the Redlands Placement Test to determine eligibility.*

HIGH SCHOOL AND REDLANDS COMMUNITY COLLEGE OFFICIALS:

I hereby certify that the above named student meets the published admission requirements, is eligible to satisfy graduation requirements (including curricular requirements for college admission), and that his or her combined high school and college enrollment does not exceed the equivalent of 19 college semester hours. As a result, I recommend that he or she be permitted to enroll in the above named course(s) for the following semester.

Number of High School Credits: _____ X 3 (Multiply by three): _____ = Equals total high school workload: _____ +
 (plus) number of college credit hours: _____ = Equals total Workload hours _____

X _____
High School Counselor Signature *Print Name of High School Counselor* *Date*

REDLANDS COMMUNITY COLLEGE OFFICIAL USE ONLY	
_____	_____
ADVISOR	REGISTRAR

To Be Completed By Student and Parent (Each Semester)

- | | <u>Student Initials</u> | <u>Parent Initials</u> |
|--|-------------------------|------------------------|
| • We understand that in order to continue enrollment as a high school concurrent student a minimum 2.0 college GPA must be maintained. | _____ | _____ |
| • We understand that any schedule adjustment or withdrawal must be approved by the High School Counselor. Failure to withdraw may result in an "F" grade that cannot be removed. | _____ | _____ |
| • We understand that courses taken for dual credit may affect high school graduation eligibility. If I drop/withdraw from a concurrent course, I must notify my High School Counselor immediately. | _____ | _____ |

Tuition Cost:

-Senior: Concurrent tuition is waived up to 18 credit hours starting the summer semester before senior year. **

-Junior: Concurrent tuition is waived up to 9 credit hours starting the summer semester before junior year. **

**All concurrent students are responsible for the cost of textbooks and any fees associated with their classes (lab fees for science classes, etc.).

I have read and understand the provisions set forth by my high school and Redlands Community College for my concurrent enrollment. I give permission for Redlands to release my test scores, grades, attendance information, and Redlands transcripts to my high school and parent/legal guardian for the duration of my concurrent enrollment.

X

Signature of Student *Print Name of Student* *Date*

I have read and understand the provisions set forth by the high school and Redlands Community College for my child's concurrent enrollment. I agree to the terms of payment as indicated in the Redlands Community College Course Catalog.

X

Signature of Parent/Legal Guardian *Print Name of Parent/Legal Guardian* *Date*

Financial Responsibility

Name _____
Last *First* *MI*

Social Security Number _____ Date of Birth _____
Required *Required*

Billing Address _____
Street, Route or Box Number *City/State/Zip*

Phone Number _____ Email _____
Required *Optional*

***By signing this form, you agree to the terms and condition outlined in Redlands Community College Academic Catalog about tuition/fee payment. If the responsible party signing the agreement is under the age of 18, he/she agrees that services receiving at Redlands Community College is considered necessity, and agrees to be contractually obligated pursuant to the "doctrine of necessities."**

X

Signature *Print Name* *Date*