



San Diego Community College District
Counselor Assessed Skill Levels
Assessment Tests from Other Institutions

City/ECC Mesa Miramar Fall Spring Summer Year _____

Student Name: _____ Student ID Number: _____
 (PRINT) Last First MI

Name of Institution where assessment was taken: _____

<u>COUNSELOR USE ONLY</u>			
Eligible Skill Levels: RDG: _____ WRT: _____ MTH: _____ ESL: _____			
Counselor Name: _____ Initials: _____ Date: _____ (PRINT)			

Distribution: Counseling Office

SS-CNSLADJSKLVLS 11/2017

INSTRUCTIONS

- Student takes assessment test results from ~~“another Other institution”~~ to the Counseling Office for a Counselor to assess~~ment~~.
- Student is given this form to fill out their personal information. ~~and completes CSID, Name and Institution where test was taken.~~
- Counselor enters the Eligible ~~completes~~ Skill Levels s ~~fields~~ based on the assessment test documentation provided by the student.
- Counselor prints name, initials, and dates the form.
- Counseling Office staff then inputs the skill levels into ISIS via SQAB screen.
- The Documentation and form is then imaged in Application Xtender for web access. ~~access in Web Advisor.~~



San Diego Community College District

Class Adjustment Form

City Mesa Miramar

Fall Spring Summer Year: _____

Student Name: _____
(PRINT) Last First MI

Student ID Number: _____ Service Person's SSN/VA Number: _____

ADDED CLASSES						DROPPED CLASSES				
SUBJ	CRSE#	CRN#	UNITS	START/END	PAYABLE?	SUBJ	CRSE#	CRN#	UNITS	LDA*

Counselor Signature: _____ Date: _____

*Last Date of Attendance (LDA) is verified by the instructor's records. If you remain on the class roster beyond the withdrawal deadline the instructor must give you a letter grade even if you have stopped attending. If you receive an "F" for any reason, including ~~or~~ nonattendance, you may have to pay money back to the VA. Be accurate as this information is reported to the Veterans Regional Office.

I CERTIFY THE FOREGOING INFORMATION IS TRUE, COMPLETE AND ACCURATE.

Student Signature: _____ Date: _____

Distribution: Counseling; Veteran Affairs



San Diego Community College District Change of Degree Declaration

City Mesa Miramar ECC

Name: _____
(PRINT) Last First MI

Student ID Number: _____ Birthdate: _____

Corrected degree status: No Degree AA/AS Degree BA/BS Degree

Colleges Attended	Dates of Attendance		Colleges Attended	Dates of Attendance	
	From	To		From	To

Provide a detailed explanation of your request for a change of degree status. Attach supporting documentation if available.

Title IV Regulations prohibit an institution from awarding a PELL Grant to students with a baccalaureate degree or higher.

I CERTIFY UNDER PENALTY OF PERJURY THAT I AM ENROLLED IN AN UNDERGRADUATE COURSE* OF STUDY AND HAVE NOT EARNED A BACCALAUREATE DEGREE, ~~OR IT'S THE~~ EQUIVALENT, OR A FIRST-PROFESSIONAL DEGREE FROM ANY INSTITUTION WITHIN, OR OUTSIDE OF THE CONTINENTAL U.S.

WITNESS my hand and official seal

Signature: _____ Date: _____

*An undergraduate course of study under this definition is one that usually does not exceed four (4) academic years or is a program of four (4) to five (5) academic years designed to lead to a baccalaureate or first-professional degree. If the program is longer than five (5) years (for example, a 6-year pharmacy program), then students enrolled in that program are considered undergraduate students only for the first four (4) academic years of the program.

OFFICE USE ONLY

Comments:

Accepted by _____ Date _____



San Diego Community College District
California Nonresident Tuition Exemption Request
Affidavit for Eligible Veterans

Fall Spring Summer Year: _____

Student Name: _____ Student ID Number: _____
(PRINT) as it appears on your college student records

Address: _____
Street City State Zip

E-mail: _____ Telephone: _____

I, the undersigned, am applying for a California Nonresident Tuition Exemption at San Diego City, Mesa or Miramar College for eligible veterans who are either:

a) Discharged from a military installation in California within the past two years.

I DECLARE THE FOLLOWING, UNDER PENALTY OF PERJURY:

I, _____, am a veteran previously stationed in California
Student Name
 who has been discharged from a California military installation within the past two years. I further declare that I fully intend to establish California residency as soon as possible, and within the two (2) year deadline.

Discharge Date: _____ (Attach a copy of your DD214 with this affidavit)

b) Currently residing in California and discharged from a military installation within three years and have more than 90 days of active duty service, and will be using GI Bill Benefits while enrolling at San Diego City, Mesa or Miramar Colleges.

I DECLARE THE FOLLOWING, UNDER PENALTY OF PERJURY:

I, _____, am a veteran (or eligible dependent) currently
Student Name
 residing in California, ~~and~~ discharged from a military installation within three years, ~~and~~ have more than 90 days of active duty service, ~~and~~ will be using GI Bill Benefits while enrolling at San Diego City, Mesa or Miramar College.

Discharge Date: _____ (Attach a copy of your DD214 and/or your Certificate of Eligibility (COE/TOE) or printout of VONAPP confirmation number with this affidavit)

I understand that if any of the above information is untrue, I will be liable for payment of all nonresident charges from which I was exempted and may be subject to disciplinary action by the college.

Signature: _____ Date: _____

OFFICIAL USE ONLY

Date Received: _____ Received by: _____ Discharge Date: _____

Effective Term: _____ DD214/COE Verify Date: _____ Processed by: _____



San Diego Community College District
**Supplemental Application and Certification of Special Part-Time
 Joint High School Diploma Student**

City Mesa Miramar **ECC** Fall Spring Summer Year: 20 _____

Name: _____ Student ID Number: _____
 (PRINT) Last First MI

Current Grade Level: _____ Expected High School Graduation Date: _____

Admission Regulations:

1. Students must have completed the 10th grade.
2. Students must have a Joint High School Diploma Program plan on file at their respective site.
3. A student may take a maximum of one course per semester or session. This maximum includes classes at City, Mesa, Miramar Colleges and ECC.
4. Students must satisfy prerequisites and eligibility requirements for each course.
5. Students must maintain a 2.0 grade point average each semester in all college work.
6. If the number of units of "W", "I" and "NP" exceed 40% in any semester or session the student will be academically disqualified.
7. Enrollment in Physical Education classes will not be permitted.
8. The course is advanced scholastic or technical.
9. Students will be given college credit for all courses. Grades will be part of the student's permanent college record.

Academic Standing Rules:

1. **Academic Probation/Disqualification**
 A joint diploma student whose grade point average falls below a 2.0 for all college work completed in the San Diego Community College District will be placed on academic **disqualification**. Probationary status will not apply.
2. **Lack Of Progress Probation/Disqualification**
 A joint diploma student shall be placed on lack of progress **disqualification** when the percentage of all units for which entries of "W", "I" and "NP" are recorded reaches or exceeds 40%. Probationary status will not apply.

I have read the Admission Regulations and Academic Standing Rules stated above and understand the eligibility requirements thereof.

Student Signature: _____ Date: _____

HIGH SCHOOL CERTIFICATION (to be completed by the high school)

- This is to certify that: _____ at: _____ **high** school has my
 (Student's Name) (Name of High School)
 recommendation to attend community college based upon **his/her their** ability to benefit from advanced scholastic work in accordance with California Education Code Section 48800.5.
- **He/she The above student** is approved to attend the course listed below with the San Diego Community College District during the: Fall Spring Summer Year: 20_____

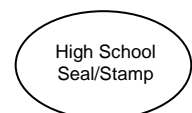
Course Number	Course Reference Number (CRN)	Subject Area	Units	Class Meets						
				Hours (Begin/End)	M	T	W	Th	F	S

- I certify that this student is not being claimed for ADA if the class meets during the regular school day.

Supervising Administrator Name: _____ Date: _____
 (PRINT) Last First

Supervising Administrator Signature: _____

School Telephone: (_____) _____



Student ID Number: _____
Student's Name (PRINT): _____

PARENT/GUARDIAN PERMISSION FOR ~~SON/DAUGHTER~~ MINOR CHILD TO ENROLL IN A COLLEGE CLASS
(to be completed by the Parent/Guardian)

I grant permission for my ~~son/daughter~~child, _____, to
(Student's Name)
enroll in the indicated class(es) below-listed herein during the: Fall Spring Summer Year: 20_____
Indicate College: City Mesa Miramar ECC
I understand that in accordance with state & federal law, I will not have the right to access my child's college records without his/her their written consent or a court order.
Parent/Guardian Name: _____
(PRINT) Last First MI
Parent/Guardian Signature: _____ Date: _____
Parent/Guardian signature required for all high school students – NO EXCEPTIONS

MINOR'S AUTHORIZATION CONSENT FOR MEDICAL TREATMENT
(to be completed by the Parent/Guardian)

- In cases of illness, injury or life threatening emergencies I hereby authorize San Diego City, Mesa and/or Miramar College Student Health Services staff to assess and treat my ~~son/daughter~~ child.
- Permission is also granted to provide a referral to an outside physician and facility, if deemed necessary by health care providers.
- This permission does not cover special elective procedures requiring local anesthesia (suturing, biopsy, toenail removal). Parent/guardian will be contacted via telephone, and sent consent form for permission to perform these procedures.
- Per State law, parental permission is NOT required in cases of treatment of sexually transmitted disease and contraception (birth control).
- Nominal fees may be charged for laboratory, pharmacy and special procedures deemed necessary by health care providers at the college Student Health Services. Payment of these fees will be required at the time services are received.
- I authorize the college to provide medical treatment to my ~~son/daughter~~ child in case of emergencies.

Parent/Guardian Name: _____
(PRINT) Last First MI
Parent/Guardian Signature: _____ Date: _____

ACCESS TO STUDENT RECORDS
(to be completed by the student)

I, _____, hereby authorize access to all of my academic records
(Student Name)
maintained by the San Diego Community College District to the individual or agency listed below:

This authorization will be effective beginning: _____ through: _____
(Term) (Term)
Student Signature: _____ Date: _____

PARENT/GUARDIAN PERMISSION FOR MINOR CHILD TO ENROLL IN A COLLEGE CLASS

(to be completed by the Parent/Guardian)

I grant permission for my child, _____, to
(Student's Name)
enroll in the indicated class(es) listed herein during the: Fall Spring Summer Year 20_____

Indicate College: City Mesa Miramar ECC

- I understand that in accordance with state & federal law, I will not have the right to access my child's college records without their written consent or a court order.
- I understand that students attending classes on the college campuses are guests and must comply with all policies of the District including the Student Code of Conduct (Board of Trustees Policy, *BP 3100*). Students who violate District policies will be subject to removal.
- I have received and read the *Important Facts of Concurrent Enrollment*.
- **Note that some private institutions may not grant college credit if the student also received high school credit for the same course.**

Parent/Guardian Name: _____
(PRINT) Last First MI

Signature: _____ Date: _____

MINOR'S AUTHORIZATION CONSENT FOR MEDICAL TREATMENT

(to be completed by the Parent/Guardian)

- In cases of illness, injury or life threatening emergencies, I hereby authorize San Diego City, Mesa and/or Miramar College Student Health Services staff to assess and treat my child.
- Permission is also granted to provide a referral to an outside physician and facility, if deemed necessary by health care providers.
- This permission does not cover special elective procedures requiring local anesthesia (suturing, biopsy, toenail removal). Parent/guardian will be contacted via telephone, and sent consent form for permission to perform these procedures.
- Per state law, parental permission is NOT required in cases of treatment of sexually transmitted disease and contraception (birth control).
- Nominal fees may be charged for laboratory, pharmacy, and special procedures deemed necessary by health care providers at the college Student Health Services. Payment of these fees will be required at the time services are received.
- I authorize the college to provide medical treatment to my child in case of emergencies.

Parent/Guardian Name: _____
(PRINT) Last First MI

Parent/Guardian Signature: _____ Date: _____

ACCESS TO STUDENT RECORDS

(to be completed by the student)

I, _____, hereby authorize access to all of my academic records
(Student Name)
maintained by the San Diego Community College District to the following school/person/organization listed below:

- School/District: _____
- Parent/Guardian: _____
- Organization/Other Third Party Designee: _____

This authorization will be effective beginning: _____ through: _____
(Term) (Term)

Student Signature: _____ Date: _____