

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

☐ City/ECC	■ Mesa	■ Miramar	☐ Fall	□ Spring	☐ Summer	Year
Student Name	ż.			Student II	D Number	
(PRINT)	Last	First	MI			
Name of Instit	ution where	assessment was taker	n:			
		COUNSE	LOR USE C	DNLY		
Eligible Skill L	evels: RDG	: WRT:		MTH: _		ESL:
	me:		Ir	nitials:	Date:	
(PRINT)						
Distribution: Coun	seling Office					SS-CNSLADJSKLVLS 11/2017

### <u>INSTRUCTIONS</u>

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



## San Diego Community College District Class Adjustment Form

### ☐ City ■ Mesa ■ Miramar

	COLLEGE		☐ Fa	∥ □ Sp	ring 🛚 Sum	mer Ye	ar:			
Student Name:										
(PRII	(PRINT) Last First MI									
Student ID Number: Service Person's SSN/VA Number:										
		ADDEI	O CLASSE	S			DI	ROPPED CL	ASSES	
SUB	J CRSE#	CRN#	UNITS	START/ END	PAYABLE?	SUBJ	CRSE#	CRN#	UNITS	LDA*
Cou	nselor Signa	iture:					D	ate:		
beyo	*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 CE	RTIFY THE	FOREGO	DING INF	ORMATIO	N IS TRUE, (	COMPLE	TE AND A	ACCURATE	Ī.	
Stud	lent Signatu	re:					D	ate:		
<u>Distri</u>	bution: Counsel	ing; Veteran	Affairs						SS	/VETCLSADJ 11/2017



## San Diego Community College District Change of Degree Declaration

■ Miramar

□ ECC

■ Mesa

☐ City

	•						
Name:			First			MI	
Student ID Number:							
Corrected degree status:	☐ No Degre		AA/AS Degree		A/BS Degree		
Corrected degree status.			AA/AS Degree			A44 I	
Colleges Attended	From Pates of At	To	Colleges Atte	ended	From	Attendance To	
Provide a detailed explanation if available		equest for a	change of degree	status. A	Attach suppo	rting	
Title IV Regulations prohibaccalaureate degree or IV I CERTIFY UNDER PENAL OF STUDY AND HAVE NO FIRST-PROFESSIONAL D CONTINENTAL U.S.	<b>higher.</b> .TY OF PERJUI DT EARNED A E	RY THAT I A BACCALAUR	M ENROLLED IN A EATE DEGREE <mark>, O</mark>	N UNDEI	RGRADUATE <mark>IE</mark> EQUIVALE		
WITNESS my hand and of	ficial seal						
Signature:			Da	ite:			
*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.							
Comments:		OFFICE U	JSE ONLY				
Accepted by				Date	e		



## San Diego Community College District Change of High School Graduation Information From a Foreign Country

Name: PRINT) Last	First	MI
Student ID Number:	Birth Date:	
Name of High School:	State/Cou	ıntry:
Corrected HS Grad Status From:	Grad Date (Month & Year) To: _	(Month & Year) Grad Date
Provide a detailed explanation of you (Documentation may be required)	ur request for a change of high sc	hool graduation status.
CERTIFY UNDER <b>PENALTY OF PEF</b>		PROVIDED ON THIS
,		UNTRUE, I UNDERSTAND
THAT MY REGISTRATION WILL BE C		UNTRUE, I UNDERSTAND
THAT MY REGISTRATION WILL BE C		UNTRUE, I UNDERSTAND
THAT MY REGISTRATION WILL BE C		UNTRUE, I UNDERSTAND
THAT MY REGISTRATION WILL BE C		UNTRUE, I UNDERSTAND
THAT MY REGISTRATION WILL BE C		UNTRUE, I UNDERSTAND
THAT MY REGISTRATION WILL BE C		UNTRUE, I UNDERSTAND
DOCUMENT IS TRUE, COMPLETE AITHAT MY REGISTRATION WILL BE COMPLESS my hand and official seal  Student Signature:	CANCELLED.	
THAT MY REGISTRATION WILL BE C	CANCELLED.	Date:
THAT MY REGISTRATION WILL BE C	CANCELLED.	
THAT MY REGISTRATION WILL BE C	OFFICE USE ONLY	



## San Diego Community College District California Nonresident Tuition Exemption Request

### Affidavit for Eligible Veterans

		☐ Fall ☐ Spi	ring 🖵 Sum	nmer Year:					
Stu	Ident Name:INT) as it appears on your colle	ane student records		Student ID N	Number:				
	dress:								
	Street nail:		City		State	Zip			
•	he undersigned, am a sa or Miramar Collego				Exemption at	San Diego City,			
a)	Discharged from a mil	itary installation	in California w	ithin the past two	years.				
	I DECLARE THE FOL	LOWING, UNDF	ER PENALTY	OF PERJURY:					
	Ι,	Circle (Manage		_, am a veteran p	previously station	oned in California			
	who has been dischard declare that I fully interpreted year deadline.	ged from a Calif	fornia military ii	nstallation within t	the past two ye	ears. I further			
	Discharge Date:			(Attach a copy of you	r DD214 with this af	ffidavit)			
b)	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 FOL	LOWING, UNDE	ER PENALTY	OF PERJURY:					
	Ι,	Student Name		_, am a veteran (	(or eligible depe	endent) currently			
	residing in California, than 90 days of active City, Mesa or Miramar	and discharged for duty service, ar	from a military nd will be using	installation within	n three years <u>.                                    </u>	<del>ınd</del> have more			
	Discharge Date:				r DD214 and/or you	r Certificate of			
	nderstand that if any of arges from which I was				• •				
Sig	nature:			Date: <sub>.</sub>					
			OFFICIAL USE	E ONLY					
Dat	e Received:	Recei	ved by:	Di	ischarge Date: _				
⊏#c	octivo Torm:	DD214/CC	DE Varify Data:		Drococood by				



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

☐ City	■ Mesa	■ Miramar	□ <u>ECC</u>		Fall	☐ Spring	□ Su	ımme	er	Yea	r: 20		
Name:			First		241	Studer	nt ID N	umbe	ər:				
(PRINT)	(PRINT)     Last     First     MI       Current Grade Level:     Expected High School Graduation Date:												
				Experie	tu i ligi i	School Grad	luauon	Daic	;				
<ol> <li>Studer</li> <li>Studer</li> <li>A studer</li> <li>Studer</li> <li>Studer</li> <li>Studer</li> <li>If the reacader</li> <li>Enrollr</li> <li>The construction</li> <li>Studer</li> <li>Studer</li> </ol>	<ol> <li>Admission Regulations:</li> <li>Students must have completed the 10<sup>th</sup> grade.</li> <li>Students must have a Joint High School Diploma Program plan on file at their respective site.</li> <li>A student may take a maximum of one course per semester or session. This maximum includes classes at City, Mesa, Miramar Colleges and ECC.</li> <li>Students must satisfy prerequisites and eligibility requirements for each course.</li> <li>Students must maintain a 2.0 grade point average each semester in all college work.</li> <li>If the number of units of "W", "I" and "NP" exceed 40% in any semester or session the student will be academically disqualified.</li> <li>Enrollment in Physical Education classes will not be permitted.</li> <li>The course is advanced scholastic or technical.</li> <li>Students will be given college credit for all courses. Grades will be part of the student's permanent college record.</li> </ol>												
<ol> <li>Acade         <ul> <li>A joint</li> <li>Diego</li> <li>apply.</li> </ul> </li> <li>Lack (                 <ul> <li>A joint</li> <li>for whit</li> <li>apply.</li> </ul> </li> </ol>	<ol> <li>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.     </li> <li>I have read the Admission Regulations and Academic Standing Rules stated above and understand the</li> </ol>												
Student Si	gnature:							Date	ə:				
	<u>Ł</u>	HIGH SCHOOL	_ CERTIFIC	ATION (to	o be com	npleted by the hi	gh scho	ol)					
recommer work in ac He/she <u>The</u>	This is to certify that:												
Course	Course Re	Sili	bject Area	Units			Class M	eets					
Number	Number	(CRN)	JJect Alea	Office	(	Hours Begin/End)	M	Т	W	Th	F	S	
								<u> </u>					
		it is not being c Name:				-		ular s Date:		day.			
RINT)		<u>Last</u>			<u>First</u>			rato.		_			
	one: (	Signature:								High S Seal/S			

### 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/daughterchild,	, 1	to						
Tigrant pormission for my son adagnetic enact	(Student's Name)							
enroll in the indicated class(es) below-listed herein during t		-						
Indicate College: 🗖 City	□ Mesa □ Miramar □ ECC							
I understand that in accordance with state & federal lar records without his/her their written consent or a cour	aw, I will not have the right to access my child's college rt order.	<b></b>						
Parent/Guardian Name:								
(PRINT) Last	<u>First</u> <u>MI</u>							
Parent/Guardian Signature:	Date:							
Parent/Guardian signature required for	or all high school students – NO EXCEPTIONS							
MINOR'S AUTHORIZATION CONSENT FOR MEDICAL TREATMENT (to be completed by the Parent/Guardian)								
<ul> <li>procedures.</li> <li>Per State law, parental permission is NOT required in ca contraception (birth control).</li> <li>Nominal fees may be charged for laboratory, pharmacy a</li> </ul>	at my-sen/daughter_child.  Itside physician and facility, if deemed necessary by health ures requiring local anesthesia (suturing, biopsy, toenail one, and sent consent form for permission to perform these asses of treatment of sexually transmitted disease and and special procedures deemed necessary by health care nent of these fees will be required at the time services are my-sen/daughter_child in case of emergencies.							
	TUDENT RECORDS ted by the student)							
I,(Student Name) maintained by the San Diego Community College District to	, hereby authorize access to all of my academic record to the individual or agency listed below:	ds						
	(Term) through:(Term)	<u> </u>						
Student Signature:	Date:							

# Student ID Number:

# SAN DIEGO, O'S BE

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

Olka		i dit iiiio	g 00.	iooi otaao							
☐ City	□ Mesa □ Mira	mar 🖵 ECC	☐ Fall	□ Spring	☐ Sum	mer	Υ	'ear:	20		
Name:					ent ID Nur	nber:					
,	ast	First	M			<b>5</b> .					
Current Grad	le Level:		Expected	High School G	raduation	Date	:				
<ol> <li>A student Mesa, and programs health fee</li> <li>Partnersh</li> <li>High school college fo</li> <li>Physical 6</li> <li>The cours Admission</li> <li>Students</li> <li>I have red</li> <li>Students</li> <li>Students</li> <li>Students</li> <li>A special units atter</li> </ol>	must have completed may take a maximust difference and maximust and maximust and maximust satisfies and maximust maintain a 2.0 must not receive a first maximust maintain a 2.0 must not receive a first maximust maintain a 2.0 must not receive a first maximust maintain a 2.0 must not receive a first maximust maintain a 2.0 must not receive a first maximust maintain a 2.0 must not receive a first maximust maintain a 2.0 must not receive a first maximust maximu	am of one course and ECC (includirents taking college have alternative of atisfy course prereseasses will not be ped scholastic or tector and for all course predeterment for all course predeterment for all course of grade point average. "W", "I" and "NP" in those grade point a semitted to re-enrolements."	ng classes ta e classes on or other spec quisites and ermitted for othnical (collec- ses. Grades of Concurrent age each sen or any college average falls	ught on the high campus are required if it can be enrollment. The enrollment is generally depresented by the enrollment. The enrollment is enrollment. The enrollment is enter in all collections are semester or the below a 2.0, or	h school control of the student who does	ampuay bo Proof  ontac  t's pe	is or th the requi t the rmar e aca	in pa e enr red - colle nent d	rtner rollme - conf ge collectically	ship ent an tact t ge re	nd he cord
eligibility req	uirements thereof					Date					
	HIGH SCHO	OL CERTIFICAT	ION (to be o	completed by	the high	scho	ol)				
<ul> <li>This is to c</li> </ul>	ertify that at			at·				hiał	n sch	റവ h	เลร
my recomr work in acc	ertify that at nendation to attend cordance with Califo student is approved ☐ Fall	community collegernia Education Co	e based upo de Section 4 irse listed be	n their ability to 8800.5.	benefit fro n Diego C	m ad	vanc	ed so	chola	stic	
					Class M	leets					1
Course Number	Course Reference Number (CRN)	Subject Area	Units	Hours	М	Т	W	Th	F	s	
				(Begin/End)							1
											=
<ul> <li>I certify th</li> <li>I certify th in concurr</li> <li>I certify th</li> </ul> Principal/Vice (PRINT)	at the course is not at any ADA for this at in conformity with ent summer enrolln at this student's eni  Principal Name:  I  Principal Signature	student is claimed n California Educa nent at a communi collment is consiste	in accordan tion Code, no ty college. ent with the a	ce with the law. o more than 5% dmission regula	of this stu		Hi	gh Sch	ool	cipat	ing
School Telent	none· (					'	∖ S∈	eal/Star	np /	/	

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

(to be completed by the Parent/Guardian)

(to be comp		enio Guaranan)						
I grant permission for my child,	_			, to				
enroll in the indicated class(es) listed herein durin				Year 20				
Indicate College: ☐ Ci	ity 🛚 Mesa	■ Miramar	□ ECC					
<ul> <li>I understand that in accordance with state &amp; feder without their written consent or a court order.</li> <li>I understand that students attending classes on the District including the Student Code of Conditional District policies will be subject to removal.</li> <li>I have received and read the Important Facts of the Note that some private institutions may not grant same course.</li> </ul>	eral law, I will not the college camp duct (Board of To Concurrent Enro college credit if	t have the righ buses are gues rustees Policy	t to access my sts and must co , <i>BP 3100</i> ). Stu	omply with all policies udents who violate				
Parent/Guardian Name:	Firs	st		MI				
Signature:		Da	ate:					
MINOR'S AUTHORIZATION CONSENT FOR MEDICAL TREATMENT (to be completed by the Parent/Guardian)								
<ul> <li>In cases of illness, injury or life threatening emer College Student Health Services staff to assess.</li> <li>Permission is also granted to provide a referral to care providers.</li> <li>This permission does not cover special elective premoval). Parent/guardian will be contacted via procedures.</li> <li>Per state law, parental permission is NOT require contraception (birth control).</li> <li>Nominal fees may be charged for laboratory, pha providers at the college Student Health Services received.</li> <li>I authorize the college to provide medical treatment (PRINT) Last</li> <li>Parent/Guardian Name:</li> <li>Last</li> <li>Parent/Guardian Signature:</li> </ul>	and treat my chile of an outside physic procedures required telephone, and seed in cases of treatmacy, and specific armacy, and specific payment of the ent to my child in the first seed in cases.	Id. Psician and factiring local anesent consent for eatment of sexicial procedure ese fees will be a case of emerent of sexicial procedure.	ility, if deemed sthesia (suturinorm for permiss cually transmitted sometimes deemed neces are required at the regencies.	necessary by health g, biopsy, toenail ion to perform these ed disease and essary by health care e time services are				
	TO STUDENT completed by the							
I,(Student Name)	, he	reby authorize	e access to all o	of my academic records				
maintained by the San Diego Community College D			· ·					
□ School/District:								
☐ Parent/Guardian:								
☐ Organization/Other Third Party Designee:								
This authorization will be effective beginning:		throu	ugh:					
Student Signature:			Date:					

**Distribution:** Campus Admissions Office; Original sent to District Record Office at end of term