



San Diego Community College District  
**California Nonresident Tuition Exemption Request**  
For Eligible California High School Graduates

Lynn's Copy

☐ Fall ☐ Spring ☐ Summer Year \_\_\_\_\_

**Note:** This form is accepted by all California Community Colleges and all campuses in the California State University system; some University of California campuses will allow use of this form, but most require applicants to complete a campus-specific form to apply for AB 540 status.

Complete and sign this form to request an exemption from Nonresident Tuition. You must submit any documentation required by the College or University (for example, proof of school attendance in California). Contact the California Community College, University of California or California State University campus where you intend to enroll (or are enrolled) for instructions on documentation, additional procedures and applicable deadlines.

**ELIGIBILITY:**

I, the undersigned, am applying for a California Nonresident Tuition Exemption for Eligible California High School Graduates at City, Mesa, and/or Miramar College, and I declare the following:

**Check YES or NO boxes:**

- ☐ Yes ☐ No I have graduated from a California high school or have attained the equivalent thereof, such as a High School Equivalency Certificate, issued by the California State GED Office or a Certificate of Proficiency, resulting from the California High School Proficiency Examination.
- ☐ Yes ☐ No I have either:
- Attended high school in California for three or more years, or
  - Attained credits earned in California, from a California high school equivalent to three or more years of full-time high school course work, **and** attended any combination, totaling three or more years, of elementary, middle, and/or high schools in California ~~for a total of three or more years.~~

**Specify the most recent three years of elementary, middle, and/or high schools you attended in California:**

School	City	State	Dates	
			From (Month/Year)	To (Month/Year)

*Documentation of applicable school attendance and graduation (or its equivalent) is required by the University of California, the California State University and some California Community Colleges. Follow campus instructions.*

**Check the box that applies to you -- check only one box:**

- ☐ I am a nonimmigrant alien as defined by federal law and have been granted T or U visa status, under Title 8 of the United States Code, sections 1101(a)(15)(T) or (U).

**OR**

- ☐ I am NOT a nonimmigrant alien. [U.S. citizens, permanent residents, Deferred Action for Childhood Arrivals (DACA) grantees, or aliens without lawful immigration status, among others, should check this box.]

**OR**

- ☐ I am a nonimmigrant alien as defined by federal law. [Nonimmigrant aliens have been admitted to the United States temporarily and include, but are not limited to, foreign students (persons holding F visas), exchange visitors (persons holding J visas) and tourists/Visa Waiver Program (persons holding B visas)]. Do not check this box if you have been granted T or U visa status (check first box above).

**PLEASE FILL OUT AFFIDAVIT ON REVERSE SIDE OF THIS FORM**

## AFFIDAVIT

I, the undersigned, declare under penalty of perjury under the laws of the State of California that the information I have provided on this form is true and accurate. I understand that this information will be used to determine my eligibility for the nonresident tuition exemption for eligible California high school graduates. I hereby declare that, if I am an alien without lawful immigration status, I have filed an application to legalize my immigration status or will file an application as soon as I am eligible to do so. I further 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 or University.

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

Address: \_\_\_\_\_  
Street City State Zip

E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





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

☐ City ☐ Mesa ☐ Miramar ☐ **ECC** ☐ Fall ☐ Spring ☐ Summer Year: \_\_\_\_\_

Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_  
(PRINT) Last First MI

**Current** Grade Level: \_\_\_\_\_ Expected High School Graduation Date: \_\_\_\_\_

**Admission Regulations:**

1. Students must have completed the 10<sup>th</sup> grade.
2. A student may take a maximum of **one course** per college semester. This maximum includes classes at City, Mesa, and Miramar Colleges and ECC (including classes taught on the high school campus or in partnership programs). High school students taking college classes on campus are required to pay both the enrollment and health fees.
3. Partnership agreements may have alternative or other specific enrollment guidelines.
4. High school students must satisfy course prerequisites and eligibility requirements. Proof required – contact the college for information.
5. Physical education activity classes will not be permitted for enrollment.
6. The course must be advanced scholastic or technical (college degree applicable). Contact the college Admissions Office for details.
7. Students will be given college credit for all courses. Grades will be part of the student's permanent college record.
8. I have received and read the *Important Facts of Concurrent Enrollment*.

**Academic Standing Rules:**

1. Students must maintain a 2.0 grade point average each semester in all college work.
2. Students must not receive a W, I and NP in any college semester or the student will be academically disqualified.
3. A special part-time student whose grade point average falls below a 2.0, or who does not complete 60% of all units attempted will not be permitted to re-enroll.

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 \_\_\_\_\_ school has  
(Student Name) (Name High School Name)  
my 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 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	Subject Area	Units	Class Meets						
				Hours (Begin/End)	M	T	W	Th	F	S

- I certify that the course is not available at the school of attendance.
- I certify that any ADA for this student is claimed in accordance with the law.
- I certify that in conformity with California Education Code, no more than 5% of this student's class is participating in concurrent summer enrollment at a community college.
- I certify that this student's enrollment is consistent with the admission regulations above.

Principal/Vice Principal: \_\_\_\_\_ Signature: \_\_\_\_\_  
(PRINT) Last First

Date: \_\_\_\_\_ School Telephone: (\_\_\_\_\_) \_\_\_\_\_

High School  
Seal/Stamp

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**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 child, \_\_\_\_\_,  
(PRINT) Last First MI  
to 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: \_\_\_\_\_  
(PRINT) Last First

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 son/daughterchild.
- 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/daughterchild in case of emergencies.

Parent/Guardian: \_\_\_\_\_  
(PRINT) Last First

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ACCESS TO STUDENT RECORDS**

*(to be completed by the student)*

I, \_\_\_\_\_, hereby authorize access to all of my academic records  
(PRINT) Last First MI  
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: \_\_\_\_\_





San Diego Community College District  
**Petition for Readmission Reinstatement after Disqualification**

☐ City ☐ ECC ☐ Mesa ☐ Miramar ☐ Spring ☐ Summer ☐ Fall Year: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_  
(PRINT) Last First MI

E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

**CONDITIONS FOR READMISSION-REINSTATEMENT AFTER THREE (3) OR MORE DISQUALIFICATIONS**

- Student is required to sit out for one full academic year; NO EXCEPTIONS.
- Student initiates a *Petition for Readmission-Reinstatement after Disqualification*, and must include supportive documentation ~~to support readmission~~ (see reverse side for required-examples of supporting documentation).
- If the petition is accepted for further consideration, the student will be invited to a hearing panel in order to present his/her/their case for readmission. The hearing panel meets between May – June, and October – November.
- If the petition is approved, student will enter into a "last chance" agreement.

**STUDENT:** To be considered for readmission-reinstatement you must provide an explanation of the circumstances and/or reasons that resulted in your disqualification, ~~and attach~~ Additionally, you must attach evidence documenting how your situation has changed.

I have read and understand the *Conditions for Readmission after Three (3) or more Disqualifications*.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICIAL USE ONLY**  
**Vice President, Student Services**

☐ Approved Hearing Date: \_\_\_\_\_

☐ Denied Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICIAL USE ONLY**  
**Hearing Panel Decision**

☐ Readmit (Term): \_\_\_\_\_ ☐ Refer to Counseling for "last chance" agreement

☐ Denied Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Examples of Supporting Documentation for ~~Readmission Reinstatement~~**  
**Examples of Documentation to Support Readmission after Three (3) or more Disqualifications**

- Evidence of change in the condition(s) that lead to the initial disqualification
- Medical problems – Doctor's note and/or other documentation
- Long illness/death of immediate family member
- Letter from employer related to situations involving employment
- Improvement in financial hardship
- Family situation/emergency
- Transcripts or other evidence of academic progress
- Other

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San Diego Community College District  
**Conference/Travel**  
**Student Contract of Understanding**

**DRAFT**  
**SSC 9/14/2017**

Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_  
(PRINT) Last First MI

E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

Activity: \_\_\_\_\_ Date of Activity: \_\_\_\_\_ Location of Activity: \_\_\_\_\_

I understand that I am attending the above entitled activity as a representative of the college and that my expenses are being paid out of San Diego Community College District funds. I acknowledge that I am expected to conduct myself in a responsible manner and agree to the following:

- **COMPLIANCE WITH POLICIES AND LAWS:** Adhere to all applicable Board of Trustees Policies and Procedures, particularly the Board of Trustees Policy, *BP 3100 Student Rights, Responsibilities, Campus Safety and Administrative Due Process, Section 3.*, *Student Code of Conduct*, as well as federal, state and local laws. Failure to conduct myself in a manner consistent with said policies may result in being subject to disciplinary action.
  - Students found in violation of the Student Code of Conduct while traveling as a representative of the college, which results in a disciplinary sanction, will be precluded from future travel.
- **ALCOHOL AND DRUG CONSUMPTION:** Consumption of an illegal substance of any kind, or the use of alcohol during the activity or en route to and from the activity is not permitted and will result in disciplinary action as provided for in Board of Trustees Policy, *BP 3100 Student Rights, Responsibilities, Campus Safety and Administrative Due Process*, and Administrative Procedure, *AP 3100.2 Student Disciplinary Procedures*.
- **INAPPROPRIATE BEHAVIOR:** Inappropriate behavior will not be tolerated, nor any behavior that will endanger the signatory or others. Any student who causes damages to a facility while on official travel is liable for replacement costs.
- **COMPLETION OF TITLE IX TRAINING:** Available at <http://www.everfi.com/register> using registration code 8ef36412. Please print and attach verification of your completion of the training.
- **PARTICIPATION:** Each participant is expected to actively participate in all required events and activities.
- **SUPERVISION OF STUDENT:** For the duration of the event, each participant is expected to keep the advisor/designee aware of their activities and whereabouts at all times, and to abide by the advisor's directions.

I understand that if I do not abide by this contract to attend this activity, and I do not provide proof of emergency or extenuating circumstance, I will be responsible for reimbursing the San Diego Community College District for the full cost of my participation (i.e., lodging, meals, etc.). Further, I understand that I may be ineligible to participate in any future sponsored events, and that my club/organization may also be penalized.

I understand that violation of this agreement may result in the following:

- Immediate return to my home at my own expense
- Disciplinary action by the college
- A hold placed on my student record

**WAIVER:** I acknowledge that I am attending the above-mentioned activity as an extra-curricular activity on a voluntary basis. I understand and agree that I shall **voluntarily release, discharge, waive, relinquish, and covenant not to sue** the San Diego Community College District, its Board of Trustees, officers, employees, agents, representatives, and volunteers from any and all liability, claims, causes of action, and demands related to or arising out of, or in connection with, my participation in this activity, including injuries, accident, illness, property damage, and death.

**INDEMNIFICATION AND HOLD HARMLESS:** I further agree to hold harmless, defend, and indemnify the San Diego Community College District, its Board of Trustees, officers, employees, agents, representatives, and volunteers from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, related to or arising out of, or in connection with, my participation in this activity.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_