



SPECIAL ADMISSION PROGRAM CRITERIA

Please read the following information carefully:

1. The Special Admission Program is open to any K-12 student who, in the opinion of the Superintendent/President or designee, can benefit from instruction.
2. Students may be admitted upon recommendation of the principal, counselor and parent. All new students under grade 9 and their parent or guardian must attend an interview with a college official (college dean, college vice-president, counselor, or subject matter instructor), to determine registration eligibility, course placement, or general advisement.
3. Special Admission students shall conform to the College's academic rules and regulation and the code of conduct expected of all college students.
4. **The College reserves the right to exclude or limit registration into programs where the health, safety, instructional methodology, facility constraints, or legal requirements are deemed inappropriate for Special Admission students.**
5. Special Admission students are exempt from paying the California Community College Enrollment Fee if they register as a part-time student (less than 12 units). Special Admission students who register for 12 or more units are considered college students and must pay the enrollment fee for all units registered. All other fees must be paid by both part-time and full-time Special Admission students (i.e. Health Center Fee, Student Center Fee.)
6. Courses listed on the following page are NOT open to Special Admission students.

The documents listed below must be completed, signed, and submitted to Admissions and Records at least ten (10) business days in advance of a student being allowed to register.

PROCEDURE: K-12 students must follow applicable priority registration dates and times.

1. Submit an Application for Admission electronically at www.solano.edu and this Special Admission Recommendation Form to Admissions and Records at Solano Community College (Main Campus) prior to registration.
2. High School transcripts or verification of prerequisite course complete must be submitted at least ten (10) business days prior to attempting to register for classes along with a Request for Transcript Review. Students must provide documentation for prerequisite approval or challenge. Prerequisites are strictly enforced and will not be waived by the Division Dean. Upon submission, prerequisite clearances are entered within ten (10) business days.
3. All of the above forms must be submitted prior to registration. All Special Admission students register as a new student each semester
4. **You must register for classes using MySolano online service (my.solano.edu).**

YOU WILL NOT BE REGISTERED FOR CLASSES FROM THIS FORM.

5. Assessment testing (www.solano.edu/counseling/assessment.html) is required prior to registration into English courses. See Schedule of Classes online or go to MySolano (my.solano.edu) to determine registration dates and times.



Special Admission Students May NOT Register in Courses Listed Below

The following courses are not open to Special Admission Students because they are not advanced scholastic, vocational, and/or remedial courses; or they do not meet the criteria as outlined in Item #4 of the Special Admission Program Criteria.

CAREER TECHNICAL EDUCATION

*ALL COSMETOLOGY COURSES
ALL AERO COURSES
ALL FIRE COURSES*

COUNSELING / DSP

*COUN 148E, 301, 302, 303, 348A, 348B, 348C
LS 301A, 301B, 301C, 301D, 306A, 306B, 307, 308, 312, 313, 315, 348A, 348B, 348C, 348D, 350*

HEALTH OCCUPATIONS

ALL Courses that fall under Health Occupations, including Nursing – with the exception of NURS 101

HUMANITIES

ALL 300 LEVEL Courses and LR 500

MATHEMATICS AND SCIENCE

*HORT 301A, 301B, 301C, 301D, 301E, 348A, 348B, 348C, 348D, 348E
ALL 300 LEVEL MATH Courses*

SPECIAL ADMISSION RECOMMENDATION FORM

* All information required

Choose a term: Fall _____ 20____ Spring _____ 20____ Summer _____ 20____

SCCID# _____

Last Name _____ First Name _____ Middle Initial _____ Telephone # _____
(Please print)

Date of Birth _____ E-Mail Address _____

Anticipated Graduation Date _____ Current Grade Level _____

(If you are new to SCC and under grade 9, please have form signed by college official at your interview—see Criteria #2 on reverse side.)

Current G.P.A. _____

List Courses in which You Wish to Register

Note: You will **NOT** be registered for classes from this form. To register you must use MySolano online registration (www.my.solano.edu).

CRN	Course Title
CRN	Course Title
CRN	Course Title

FEES: Students registering in 12 or more units in Fall and Spring or in 6 or more units in the Summer will be charged regular enrollment fees for all units registered.

I am pleased to recommend the above-named student for Solano Community College's Special Admission Program. He/She is academically prepared for the following scholastically advanced course(s), and completion of the course(s) on your campus would enhance the student's ability to compete effectively in his/her future education. This student has availed himself or herself of all opportunities to enroll in an equivalent course at his or her district of attendance, **per Education Code, Sections 48800, 48800.5 and 76001(a) and (b).**

For any particular grade level, a principal shall not recommend for community college summer session attendance more than 5 percent of the total number of pupils who completed that grade immediately prior to the time of recommendation. By signing on line below, K12 principal attests to compliance with this regulation.

K-12 PRINCIPAL SIGNATURE (Required)

DATE NAME OF SCHOOL

K-12 COUNSELOR SIGNATURE (Required)

DATE

SCC COLLEGE OFFICIAL (required if student is new to SCC & under Grade 9 See Criterion #2 on reverse side)

Approved Denied _____
DATE

I approve of my son/daughter taking the above listed course(s) on the Solano Community College campus. **I understand that there are federally imposed privacy restrictions on my child's records that bar me from accessing their records, regardless of my child's age unless I have my child's written consent. I understand that my child will adhere to the academic standards of the College. I understand that no extra supervision is provided for minors before, during or after class.**

PARENT'S SIGNATURE (Required)

DATE

I declare under penalty of perjury that the statements submitted by me in connection with determination of Special Admission are true and correct. All materials submitted by me for purposes of admission become the property of Solano Community College. I understand that falsification, withholding pertinent data, or failure to report data changes may result in my dismissal.

STUDENT'S SIGNATURE (Required)

DATE