



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, and general advisement.
3. Special Admission students must conform to the College's academic rules and regulations 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 during fall and spring semesters; less than 6 units during the summer intersession). Special Admission students who register for 12 or more units during fall/spring or for 6 or more units during the summer) 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.

PROCEDURE: *You cannot register before the Priority Registration Date specified for K-12 students.*

1. Apply for admission online at www.solano.edu and submit the Special Admission Recommendation Form with all required signatures to Admissions and Records at the Fairfield campus, Vacaville Center or Vallejo Center. These must be processed prior to registration.
2. Students must provide documentation for prerequisite clearance or challenge. High School transcripts or verification of prerequisite course completion and a Request for Transcript Review must be submitted at least ten (10) business days prior to attempting to register for classes. Prerequisites are strictly enforced and will not be waived. Upon submission, prerequisite clearances are entered within ten (10) business days.
3. Special Admission students register as new students each semester; they do not gain registration priority as continuing students.
4. **You must register for classes online using MySolano (my.solano.edu). YOU WILL NOT BE REGISTERED IN CLASSES FROM THIS FORM. You may register **ONLY** in the specific courses listed on your Special Admission Recommendation Form that has been signed by your school principal and parent.**
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 the Priority Registration date for K-12 students.



Special Admission Students May NOT Register in Courses Listed Below

*The following courses are **not open** to Special Admission Students because they are not classified as advanced scholastic or vocational work or are excluded because of the criteria in Item #4 of the Special Admission Program Criteria.*

APPLIED TECHNOLOGY & BUSINESS

*All Aeronautics courses
All Cosmetology courses
FIRE 140*

HEALTH SCIENCES

*All Athletics courses
All Emergency Medical Technician courses with the exception of EMT 128
All Kinesiology (Physical Education) courses with the exception of KINE 020A and 020S
All Nursing courses with the exception of NURS 103, 104, 105, and 111*

LIBERAL ARTS

*All 300-level English courses
All 300-level ESL Courses*

MATHEMATICS AND SCIENCE

*All 300-level Horticulture courses
All 300-level Mathematics courses*

SPECIAL ADMISSION RECOMMENDATION FORM

Please check the term for which you are applying:

Fall 20____
(August – December)

Spring 20____
(January – May)

Summer 20____
(June – August)

_____ SCC ID# _____
Last Name (Please print) First Name Middle Initial Telephone # _____
Date of Birth _____ E-Mail Address _____
Anticipated Graduation Date _____ Current Grade Level _____
Current G.P.A. _____ *If you are new to SCC and below grade 9, a special interview is required. See Criterion #2 under Spec. Admission Prog. Criteria.*

Example: ART 010 Art Appreciation

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)

Subject	Number	Course Title
Subject	Number	Course Title
Subject	Number	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 advanced scholastic or vocational courses, 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 summer session.
By signing on line below, the K-12 principal attests to compliance with this regulation.

K-12 PRINCIPAL'S SIGNATURE (Required)

Date

NAME OF SCHOOL

K-12 COUNSELOR'S SIGNATURE (Required)

Date

Counselor's Name (print)

Approved Denied

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

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 those records regardless of my child's age unless I have my child's written consent. I understand that my child must 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. I authorize SCC to provide a copy of my transcript to the school named above.

STUDENT'S SIGNATURE (Required)

DATE