



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/guardian. All new students under grade 9 and their parent/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. Students that wish to take more than 11 units in the Spring/Fall semester, or 6 units or more in the Summer term, must complete the Carry an Excess Load portion of this document and obtain the approval (through signature on this document) of a Solano College counselor.
6. Special Admission students are exempt from paying the California Community College Enrollment Fee if they register as a part-time student (less than 11 units during Spring/Fall semester, less than 6 units during Summer term). Special Admission students who register for more than 11 units during Spring/Fall 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 (Health Center Fee, Student Center Fee, Student Representation Fee, Transportation fee).
7. 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.
2. Submit completed Special Admission form to any campus (Fairfield, Vacaville, or Vallejo) or to admissions@solano.edu. A parent/guardian signature is required ONLY if it is your first semester taking classes.
3. 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.
4. Special Admission students register as new students each semester; they do not gain registration priority as continuing students.
5. **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, school counselor, and parent/guardian.**
6. 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, as they are not classified as advanced scholastic or vocational work or they are excluded due to the criteria in Item #4 of the Special Admission Program Criteria.

APPLIED TECHNOLOGY & BUSINESS

All Aeronautics courses
FIRE 140

HEALTH SCIENCES

All Athletics courses with the exception of ATHL 050A and 050B
All Emergency Medical Services courses with the exception of EMS 110
All Kinesiology (PE) courses with the exception of KINE 040A, 041A, 045C, and 050A

All Nursing courses with the exception of NURS 103, 104, 105, and 111

LIBERAL ARTS

All 300-level English courses with the exception of ENGL 310D
All 300-level ESL Courses

MATHEMATICS AND SCIENCE

All 300-level Mathematics courses with the exception of MATH 311 and Math 312

AUTHORIZATION TO RELEASE GRADES TO HIGH SCHOOL

I, the student named below, grant permission to Solano Community College to release my grades and/or transcript to my high school registrar/counselor at their request. This release shall be in effect for one semester.

Solano CC student ID#

Semester/Year for Grades Release

Student Print name

Student Signature

Date signed:

Parent/Guardian Print name

Parent /Guardian Signature

Date signed:

SPECIAL ADMISSION RECOMMENDATION FORM

Please indicate the term for which you are applying:	<u> Fall 20 </u> (August – December)	<u> Spring 20 </u> (January – May)	<u> Summer 20 </u> (June – August)
Last Name <i>(Please print)</i> _____			SCC ID# _____
First Name _____	Middle Initial _____	Telephone # _____	
Date of Birth _____	E-Mail Address _____		
Anticipated Graduation Date _____	Current Grade Level _____ <i>(If you are new to SCC and below grade 9, please have form signed by college official at your interview—see #2 of Special Admission Program Criteria.)</i>		
Current G.P.A. _____			

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)

FEES: Students registering in more than 11 units in Spring/Fall or 6 units or more in the Summer will be charged enrollment fees for all units registered.

Subject _____	Number _____	Course Title _____
Subject _____	Number _____	Course Title _____
Subject _____	Number _____	Course Title _____

Yes No

I wish to enroll in more than 11 units for Spring/Fall or 6 units or more for Summer (Carry an Excess Load).

How many units over the max amount of 11 units (Spring/Fall) or 5.99 units (Summer)? _____

SCC Counselor signature (required only for excess load request): _____

I am pleased to recommend the above-named student for Solano Community College's Special Admission Program. They are 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 their future education. This student has availed themselves of all opportunities to enroll in an equivalent course at their 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:** _____

K12 Counselor's Name *(print)*

SCC COLLEGE OFFICIAL *(required if student is new to SCC & under grade 9, see #2 in program criteria)*

I approve of my child 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 for first semester enrollment ONLY)* **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 at their request.

STUDENT'S SIGNATURE *(Required)* **DATE** _____