



Supplemental Application for Admission of Students in Adult K-12 and Noncredit Programs (SB554)

ADMISSION: Colleges in the Los Angeles Community College District ("District") may admit as a special part-time student a student who: (1) is enrolled in an adult education program or community college noncredit program and pursuing a high school diploma or high school equivalency certificate, and (2) has met the LACCD's admissions requirements and in the opinion of the College President (or designee), may benefit from instruction. (Education Code sections 52620, 76001; LACCD Board Rule 8100.01; LACCD Administrative Regulation E-87).

FEES: *Enrollment fees* are waived for special part-time students (i.e., taking 11 units or less). (Education Code section 76300(f), LACCD Board Rule 8100.03.) The LACCD also charges a *health fee* (certain categories of students are exempt) and where applicable, a *student representation fee*.

CONDITIONS: The student is expected to follow regulations and procedures that apply to all college students. The student shall receive college credit for the community college courses that the student completes. The student may only enroll in those courses listed on this form. This enrollment approval form must be presented when the student initially files an application for admission to the college, and a separate approval must be provided for each semester or term in which the student wishes to enroll. **The LACCD and its colleges assume no responsibility for the supervision of minor students (i.e., students under 18 years of age) outside the classroom setting. Parents are responsible for ensuring that their children are appropriately supervised before class begins, after class finishes, or when is cancelled and/or dismissed early.**

ADULT K-12 & NON-CREDIT STUDENT INFORMATION

First Name: * Last Name: * MI: Date Of Birth: *

Address: *

City: * State: * Zip: *

Phone Number: * Email Address: * Student ID: *

Adult K-12 & Non-Credit Program:

School Information

School Name: *

Address: *

City: * State: Zip: *

Please add the first name, last name and **school email address** for your counselor.

First Name: * Last Name: * School Email Address: *

STUDENT AUTHORIZATION

I authorize the release of my transcript information to my school upon the school's written request.

Student Signature _____

Date _____

COLLEGE ENROLLMENT INFORMATION

I am requesting enrollment/approval for the courses listed below.

I understand that I must meet all prerequisites before I can enroll in the below classes.

Term: * Year: *

College: West Los Angeles College

	Course Name	Course Number	Unit
	SOC	001	3
Course 1:	TUTOR	001T	
Course 2:	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>
Course 3:	<input type="text"/>		
Course 4:	<input type="text"/>		
Course 5:	<input type="text"/>		
Course 6:	<input type="text"/>		
	Total Units		<input type="text" value="1"/>

Adult K-12 & Non-Credit Program Official Only
Please enter any updates/corrections or comments:

Enrollment Status:
* -- Please Select --

I have met and counseled the student and recommend the courses listed above to be taken for credit. I also certify that the student is pursuing a high school diploma or high school equivalency certificate at either an accredited adult high school or noncredit program at a California Community College.

Adult K-12 & Non-Credit Program Official Date
Signature

COLLEGE APPROVAL

(to be completed by the College's Chief Instructional Officer (or designee))

Approval Decision: * -- Please Select --

Comments/Notes:

Officer Signature Date
