



# Ventura County Community College District

## RECOMMENDATION FOR SPECIAL ADMISSION HIGH SCHOOL STUDENTS

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
(Number and Street) (City) (State) (Zip)

College Term \_\_\_\_\_ Present Grade \_\_\_\_\_ GPA \_\_\_\_\_ High School Name \_\_\_\_\_

### CRITERIA FOR SPECIAL ADMISSION

- Apply online at [www.vcccd.edu/apply](http://www.vcccd.edu/apply) at least 15 days before the registration date.
- Students must be present and show a picture I.D. to register.
- Registration is limited to 6 semester units, and students are exempt from paying enrollment fees. All other fees apply including nonresident tuition if applicable. While a high school counselor may recommend more than 6 units, college approval is required.
- Submit completed, signed Recommendation for Special Admission, Memorandum of Understanding, and high school transcripts before or at the time of registration.
- College credit will be granted for courses taken, and the high school may also grant credit. Student must request an official transcript to be sent to the high school if requesting high school credit.
- 9<sup>th</sup> and 10<sup>th</sup> grades students are required to obtain college instructor's permission before registering.

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### COLLEGE COURSE (S) RECOMMENDED BY HIGH SCHOOL OFFICIAL

*(Courses must be listed by school official only – do not leave blanks, or your student will be sent back to you!)*

\_\_\_\_\_  
\_\_\_\_\_

Recommending more than 6 units? Yes \_\_\_\_\_ No \_\_\_\_\_

*(Note: This is a recommendation only and requires the additional approval of the College.)*

Justification for recommending more than 6 units: \_\_\_\_\_

I certify that the information contained in this petition is valid and represents a special admission request. The student is enrolled for at least a minimum day on the high school campus, and has demonstrated the ability to benefit from the advanced scholastic or vocational education offered by the college. This recommendation for special admission is approved in compliance with California Ed. Code sections 76000 et seq and 48800 et seq.

Signature of Principal or designee \_\_\_\_\_ Date \_\_\_\_\_

Student: Do you intend to enroll at this college after graduation from high school? YES \_\_\_\_\_ NO \_\_\_\_\_

By signing below I certify that I have read and understand this petition for Special Admission. I hereby request that I be allowed to enroll in the community college classes listed above.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

By signing below I certify that I have read and understand this petition for Special Admission. I hereby request my son/daughter be allowed to enroll in the community college courses recommended above.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Request for more than 6.0 units: Approved \_\_\_\_\_ Denied \_\_\_\_\_

Signature of EVP or Designated College Official \_\_\_\_\_ Date \_\_\_\_\_