



DUAL ENROLLMENT ADULT SCHOOL NON-CCAP FORM

TO BE COMPLETED BY STUDENT:

Term applying for: Fall Spring Summer Year: _____

Student Name: _____ Hartnell Student ID#: _____
Last Name, First Name, Middle Name

Adult School Name: _____

Date of Birth: _____ Age: _____

Phone#: _____

Personal email: _____

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The maximum units that can be taken for a Fall/Spring semester is 11.0;
for Summer semester the maximum is 6.0 units)

Course Name & Number	4-Digit Section#	Principal's or Designee's Initials
_____	_____	_____
_____	_____	_____
_____	_____	_____

REQUIRED SIGNATURES:

I agree to abide by all rules and regulations. I understand that I am responsible for paying the student activities fee and purchasing my own course materials (i.e. textbooks or supplies).

Student Signature: _____ Date: _____

I verify this student is enrolled in an adult education program leading to a high school diploma, GED, or high school equivalency certificate for the term listed above, and has permission and my recommendation to register in the listed Non-CCAP course(s).

High School Principal's or Designee's Official Name: _____

Signature: _____ Date: _____