



BUTTE COLLEGE

WELDING 90M
CONCURRENT ENROLLMENT
PERMISSION FORM

Office Use ONLY
Butte College
Student ID Number

Please refer to complete enrollment instructions on the second page of this form.

Concurrent Enrollment Permission Forms are due in the Welding Department Office at the Main Campus two weeks prior to the start of the WLD 90M class date listed below. Permission forms received in the Welding Department Office after the due date will be processed for the next available class. Contact Patty Travis for additional information at (530) 895-2551.

NAME: ADDRESS: CITY, STATE, ZIP: SCHOOL OF ATTENDANCE: BIRTH DATE: SSN: PHONE: EMAIL:

PROPOSED COURSES:

Table with columns: Course, Date - Check One (SESSION I, SESSION II), Units, \*Criteria/Rationale (See Below). Row: WLD 90M - Current Industry Techniques, 3 units, criteria 3 circled.

- \*Circle the corresponding number(s) to indicate which criteria apply to each proposed course. 1. The course is required for the continued advancement of the student's educational program. 2. The course enhances the student's program of study as it relates to his/her educational goals. 3. The course enriches the student's educational experience in ways not available within the District's curriculum.

PRESENT GRADE LEVEL IS (Circle One): High School: 9 10 11 12
ENROLLMENT IS FOR (Circle One): Fall Winter Spring Summer 2009
CREDIT RECEIVED WILL BE USED FOR (Circle One): Concurrent College Only High School Only

Check here if currently eligible for special education services and/or accommodations.

Principal's Acknowledgement, Recommendation & Certification of Summer Term Courses: I certify that the above student is attending a minimum day at my school, has adequate preparation for the above recommended course(s), and has exhausted all opportunities to enroll in an equivalent course(s) in my school. I further certify that not more than five percent of the students of any one grade level will be recommended for concurrent enrollment as mandated under Ed Code Section 48800.

We consent to the above recommendation:

SIGNATURE OF PRINCIPAL: DATE:

SIGNATURE OF K-12 COUNSELOR: DATE:

PARENT/GUARDIAN SIGNATURE: DATE:

DATE: APPROVED DENIED SIGNATURE: BUTTE COLLEGE AUTHORIZED REPRESENTATIVE

BC Welding Department
3536 Butte Campus Drive
Oroville, CA 95965

AR08-8
Send original to Welding Department.
Keep a copy.

530.895.2551 Phone
530.895.2472 Fax
530.879.6117 TTY