



CMC Main Campus
 6162 Rotary Way, Student Services
 Joshua Tree, CA 92252
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 1530 6th Street, Room 209
 Twentynine Palms, CA 92278
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Copper Mountain College Non-CCAP Dual Enrollment Petition

Completed forms must be submitted to CmcDualEnrollmentGroup@cmccd.edu via your CMC e-mail address or an e-mail address provided to you by your school district

A new form must be completed for each semester student is requesting non-CCAP dual enrollment.

STUDENT INFORMATION

Name: _____ Middle Initial: _____ Date of Birth: _____ Age: _____ CMC ID#: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Phone: _____ Personal E-mail Address: _____
 Current Grade Level: 8TH 9TH 10TH 11TH 12TH

SCHOOL INFORMATION

Name of School: _____
 Address: _____ City: _____ State: _____ Zip Code: _____

STUDENT COURSE REQUEST & DECLARATION

COURSE	COURSE TITLE	SEC. #	DAY(S)	TIME	UNITS	CMC Approval		
						Approved	Denied	Initials
<i>EX: PHIL-013</i>	<i>Perspectives on Death & Dying</i>	<i>01</i>	<i>T / Th</i>	<i>10 - 11:50</i>	<i>3</i>	<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	

I understand that the courses listed above are for college-level credit, and that enrollment at CMC creates a permanent record that must be reported to any colleges I apply to in the future. I agree to abide by all rules and regulations set forth in the CMC Catalog. I also understand that my enrollment at CMC will be limited to no more than eleven (11) units per semester, fifteen (15) units if participating in dual enrollment classes on the high school site, and not to exceed four (4) community college courses per term in compliance with Education Code §76001.

Student Signature: _____ Date: _____

PRINCIPAL OR DESIGNEE DECLARATION

Pursuant to Education Code §48800, I have reviewed the academic record of this student and certify that the student demonstrates adequate preparation in the discipline to be studied and has the ability to benefit from college instruction in the courses listed within this form. For summer session requests, I also certify that this student does not exceed the 5% (five percent) statutory grade limit of student recommended to attend CMC. I also certify the following (check all that apply):

- Course(s) is/are not available at this high school
- Student will be earning the following high school credit for this course: _____
- Student's GPA is below 2.5, however, I believe the student can succeed in the above requested course(s).

Principal or Designee Signature: _____ Date: _____

COLLEGE USE

- CCAP
- Non-CCAP
- Parent Agreement on file
- Matriculation steps completed

Verified by: _____ on _____
INITIALS DATE

Official transcript sent by: _____ on _____
INITIALS DATE

Dean's Comments:

Dean / Designee: _____ Date: _____