

CMC Main Campus 6162 Rotary Way, Student Services Joshua Tree, CA 92252 PH: (760) 366-3791 ext. 4232 FAX: (760) 366-5255

CMC Military Base Office 1530 6th Street, Room 209 Twentynine Palms, CA 92278 PH: (760) 366-3791 ext. 4368 FAX: (760) 830-4157

Copper Mountain College Dual Enrollment Parent Agreement

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

The intent of the Copper Mountain College (CMC) / Morongo Unified School District (MUSD) Dual Enrollment Program is to provide educational enrichment opportunities and to help ensure a smoother transition from high school to college for students by providing them with greater exposure to the collegiate atmosphere (California Education Code §48800).

There are two types of dual enrollment options offered for high school students through the dual enrollment program:

- 1. CCAP: Dual enrollment courses taught on the high school sites through the College and Career Access Pathways (CCAP) agreement with MUSD.
- 2. Non-CCAP: College courses offered directly through CMC

Students who participate in CCAP courses, may also participate in non-CCAP courses provided they do not conflict with the high school schedule. Enrollment in dual enrollment courses is subject to availability and students may be denied by CMC or MUSD. Dual enrollment students who are enrolled in CCAP courses may enroll in up to 15 units per term, while non-CCAP students may only enroll in up to 11 units (California Education Code §76001 and §76004). CCAP students will not be required to pay any tuition or fees.

STUDENT INFORMATION								
Name:			Middle I	Initial:	Date of Birth:	Age:		
Phone:								
Current Grade Level: □ 8 TH	<u></u> 9™	□ 10™	□ 11™	□ 12™				

Student Agreement: I understand that dual enrollment courses 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 as well as those required by MUSD. I understand that I must consult my high school counselor for any concerns regarding my high school schedule. I also understand that my enrollment at CMC will be limited to no more than 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 California Education Code §76001.

Student Signature:	Date:

PARENT AUTHORIZATION

I am the parent or legal guardian of the above-named student. I understand the classes this student is enrolled in are college-level classes and will be structured and held to the same standards as a traditional college-level course. I understand that the student must act on their own behalf and that pursuant to the Family Educational Rights and Privacy Act (FERPA), parents, guardians, relatives, or friends of students are not permitted to access or make changes to any CMC records on behalf of the student. In accordance with this regulation, students' college records will be released to parents only with the written consent of the student. I understand that parental consent is required for this student's participation and that a written request must be submitted to withdraw parental consent.

I fully understand the terms of the Dual Enrollment Program and grant permission for this student to participate.

This student has an Individualized Education Plan (IEP) or 504 Plan with MUSD and I hereby give my consent for MUSD to share this student's IEP and/or 504 Plan with CMC for the purpose of providing accommodations in the Dual Enrollment Program courses.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

PRINCIPAL OR DESIGNEE DECLARATION

I have reviewed the academic record of this student and certify that the student demonstrates an ability to benefit from college instruction. The above student meets all criteria necessary to participate in the Dual Enrollment Program.

Principal or Designee Name:

Principal or Designee Signature: _____ Date: