SPECIAL ADMIT STUDENT CHECKLIST

- Complete an Application for Admission available at www.cypresscollege.edu
- Take the Cypress College English or ESL Assessment to Student Center. Bring your high school transcript and a photo I.D.
- To take only a math class, take only the math assessment.
- No assessment is necessary for non-lecture or performing arts classes such as music, acting, dance, drawing or photography.
- Physical education classes may NOT be taken.
- See the college counselor – CC Complex, Second Floor, Room #215
- Take completed form to Admissions & Records – Student Center

COMPLETING THE SPECIAL ADMIT FORM

- **Part I** – Identify your enrollment status and sign form.
- **Part II** – Have your school principal or designee complete this section.
- **Part III** – *For summer school*, have your school principal or designee complete this section.
- **Part IV** – Have your parent or legal guardian read and sign this section.
- **Part V** – See the college counselor – CC Complex, Second Floor, Room #215. Bring school transcript.
- **Part VI** – Leave this section blank unless it applies to you.
- **Part VII** – Leave this section blank unless it applies to you.
- Complete the Permission to Treat a Minor/Emergency Information Form.

*Note: A copy of the parent/legal guardian driver’s license or picture ID is required.*

Courses taken by a Special Admit Student are recorded on the student’s Cypress College permanent record as collegiate credit. Enrollment is exclusively for advanced scholastic or vocational coursework. Remediation of any sub-standard high school courses is not permitted.

Enrollment fees are not waived for students in K – 8th grade, and students who do not pay the fees will be dropped from classes for non-payment.

**Parental Advisory:**

It is the parent or legal guardian’s responsibility to make arrangements for a Special Admit student to be picked up from class/school in an emergency situation or if the class is dismissed early or cancelled for any unforeseen reasons.

Revised: 05/23/2008
Special Admit Students

(Formerly called the Bridge Program)

Concurrent Enrollment of Pupils in K-12 & Community College

Designed primarily though not exclusively for junior & senior high school students seeking an enrichment opportunity in advanced scholastic or vocational work at Fullerton College or Cypress College

North Orange County Community College District

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The North Orange County Community College District, in compliance with all applicable Federal and State laws, does not discriminate on the basis of race, color, national origin, ancestry, marital status, age, religion, disability, sex or sexual orientation in any of its policies, procedures or practices. The District is also committed to maintaining campuses that are free of harassment, drugs and alcohol. A copy of the District’s full policy on non-discrimination, sexual harassment, sexual assault treatment and counseling, and maintenance of a drug-free environment is available in the District Human Resources Office.
Cypress College and Fullerton College offer K-12 students an opportunity to enroll in college courses as Special Admit Students (formerly called the Bridge Program). Enrollment is exclusively for advanced scholastic or vocational work.

*In compliance with the California Education Code Sections: 48800 - 48802, 76001 and 76300*

Advanced Scholastic Work includes courses at the college level such as college calculus, chemistry, foreign languages, geology, computer sciences, geography, psychology, sociology, history, humanities, the arts, and appreciation courses. These courses should not be available at the high school and may not be courses previously taken. 

Vocational Work includes courses in a wide variety of occupational areas such as air conditioning, construction, drafting, photography, printing, refrigeration, fashion design and cinema radio-television. These courses should not be available at the high school and may not be courses previously taken. 

Physical Education classes will be limited to 10% Special Admit Student enrollment for each section.

**How do I enroll?**
Complete and sign the Special Admit Student form. A new Special Admit Student form must be submitted each term.
Complete a Cypress College or Fullerton College Application for Admission.
Complete MATRICULATION SERVICES ELIGIBILITY FORM and take to college counseling.
Take the Special Admit Student form to the Admissions Office at Cypress College or Fullerton College.
When all parts are completed, the Admissions Office will review your application and required documents and will issue a permit to register.

F-1 and F-2 Visa students are not eligible to enroll as a Special Admit Student.
Individuals who are not enrolled in a public school (home school students, private school students, and persons under 18 years of age who are not enrolled in school) may be eligible to enroll. Such students must contact the office of the college president for petition information.

**What credit is granted?**
Courses taken as a Special Admit Student are recorded on the college permanent record as collegiate credit in the same manner as regularly enrolled college students. Credit may be given at the high school and may meet a graduation requirement. The student should consult with the high school counselor.

**How many courses may I take?**
Special Admit Students may enroll in up to 11 units per semester as a part-time student or enroll into 12 or more units as a full-time student.

**May I take English, ESL, Math or Reading courses?**
Special Admit Students may take college level English, ESL, Math or Reading courses. Such students must meet the catalog stated prerequisites, if any, or demonstrate the necessary skills to be successful in such college courses, as indicated through completion of placement tests required of all new students.

**May I take Advanced Vocational Courses?**
Special Admit Students may take advanced vocational classes if they meet the listed requirements/prerequisites in the Cypress College or Fullerton College Catalog.

**What are the costs?**
All Special Admit Students are responsible for all college fees, including lab, health, and parking fees, as well as the purchase of required textbooks for each course. Enrollment fees are waived for California resident Special Admit Students in grades 9-12.

**What are other requirements?**
Special Admit Students are required to have a “Permission To Treat a Minor” form on file with the college Health Center prior to receiving health services (form is included in the packet).

**College Policies:**
Special Admit Students must adhere to all college policies on course requirements, attendance and any other applicable policies and procedures including Student Code of Conduct. Students who enroll in classes other than those approved via this document may be dropped from those classes. Student records are protected under the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA). No one (including parents and high school officials) may access confidential information without a student’s written permission.
Petition to Enroll as a Special Admit Student
at Cypress College or Fullerton College
(In compliance with the California Education Code Sections: 48800 - 48802, 76001 and 76300)

Part I – To be completed by Student
(Required signatures MUST be obtained in sequence)

Please Print

Name: ___________________________________________ Social Security Number: __________________________
Last      First       Middle

Address: ______________________________________ College Student I.D. #: __________________________

City: ___________________________________________________________________ Zip: __________ Telephone: (____)________________________

Present School: __________________________ Current Grade Level: _____ Age: _____ Cumulative G.P.A. __________

When do you expect to graduate from High School? Month____ Year_____ Email Address _________________________________

___ 9-12 Enrolled in Public High School
___ 9-12 Enrolled in Private School, Home School, and persons under 18 years of age who are not enrolled in school (complete Part VI)
___ K-8 Enrolled in Public School (Part VII)
___ K-8 Enrolled in Private School, Home School, and persons under 18 years of age who are not enrolled in school (complete Part VI and VII) *K-8 Students skip Part II and III

I plan to enroll in Cypress College in the ____ Fall _____ Spring _____ Summer 20____
I plan to enroll in Fullerton College in the ____ Fall _____ Spring _____ Summer 20____

I understand and agree to follow all requirements as a Special Admit Student. I understand I may be dropped from any course for failure to meet program requirements.

Student’s Signature: ___________________________________________ Date: _________________________________

Part II – To be completed by School Principal (Fall or Spring)

This pupil would benefit from advanced scholastic or vocational work at the College.

Please indicate: __ Part Time 1-11 Units __ Full Time 12-18 Units __ School Board Approval __ Yes __ No

Courses: ___________________________________________________________ ___________________________________________________________

Title  Course #  Title  Course #

Print Name and Title: __________________________________________ Telephone #: __________________________

Signature: __________________________________________ Date: _________________________________

Part III – To be completed by School Principal (Summer Only)

This pupil would benefit from advanced scholastic or vocational work at the College. My signature confirms the recommendation and verifies that no more than 5% of each grade level of our students are participating as Special Admit Students.

(A) Demonstrates adequate preparation in the discipline to be studied.
(B) Exhausts all opportunities to enroll in the same or equivalent course, if any, at his or her school of attendance.
(C) School Board Approval.

Courses: ___________________________________________________________ ___________________________________________________________

Title  Course #  Title  Course #

Print Name and Title: __________________________________________ Telephone #: __________________________

Signature: __________________________________________ Date: _________________________________

Part IV – Parent’s Consent

I have reviewed the above and give my consent for my son/daughter named above to participate as a Special Admit Student at Cypress College or Fullerton College as indicated. I understand that I need to provide my son/daughter with a consent form for medical treatment and a copy of my driver’s license for health care service. I understand that my son/daughter’s records cannot be released to me without written consent. The Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA) affords students certain rights with respect to their education records. These rights include the right to inspect and review the student’s education records within 45 days of the day the University receives a request for access. Students should submit to the registrar, dean, head of the academic department, or other appropriate official, written requests that identify the record(s) they wish to inspect.

Parent or Guardian’s Signature: __________________________________________ Date: _________________________________

Page 3 of 4 Revised 06/03/04
Part V – All students must complete MATRICULATION SERVICES ELIGIBILITY FORM and take to college counseling.

College Counselor's Signature: ____________________________________________ Date:______________________________

Part VI – Students enrolled in a Private School, Home School, and persons under 18 years of age who are not enrolled in school.

Courses: ________________________________________________________________

College President’s or Designee’s Signature: ________________________________ Date:______________________________

Part VII - Special K-8 Part-time Student

Students in this population need to make an appointment with the respective Instructional Dean (see list below) to determine: (1) age appropriateness for the desired course, (2) completion of a specified grade level, (3) demonstrated eligibility for instruction using assessment methods and procedures established pursuant to Chapter 2 (commencing with Section 78210) of Part 48 and regulations adopted by the Board of Governors of the California Community Colleges.

Courses: ________________________________________________________________

Dean’s Signature (1) _____________________________Division_______________________________Date________________
Dean’s Signature (2) _____________________________Division_______________________________Date________________

Fullerton College Divisions

Academic Services
Dean, Carol Mattson
Phone: 714.992.7012

Business & Computer Information Systems
Dean, Ann Hovey
Phone: 714.992.7090

Fine Arts
Dean, Robert Jensen
Phone: 714.992.7295

Humanities
Dean, Dan Willoughby
Phone: 714.992.7168

Mathematics & Computer Sciences
Dean, Mark Greenhalgh
Phone: 714.992.7196

Natural Sciences
Dean, Bruce Cordell (Interim)
Phone: 714.992.7105

Physical Education/Athletics
Dean, Sue Beers
Phone: 714.992.7384

Social Sciences
Dean, Daniel Tesar
Phone: 714.992.7012

Technology & Engineering
Dean, Scott McKenzie
Phone: 714.992.7212

Counseling & Student Development
Dean, Lisa Campbell
Phone: 714.992.7542

Cypress College Divisions

Business & Computer Information Systems
Dean, David Wassenaar
Phone: 714.484.7211

Fine Arts
Dean, Ting-Pi (Joyce) Carrigan
Phone: 714.484.7139

Health Science
Dean, Andrea Hannon
Phone: 714.484.7283

Language Arts & Library Science
Dean, Eldon Young
Phone: 714.484.7169

Physical Education/Athletics
Dean, Diane Henry
Phone: 714.484.7352

Science/Engineering/Mathematics
Dean, Richard Fee
Phone: 714.484.7153

Social Science
Dean, Nina DeMarkey
Phone: 714.484.7185

Vocational
Dean, Steve Donley
Phone: 714.484.7231

Counseling & Student Development
Dean, Paul de Dios
Phone: 714.484.7334
CYPRESS COLLEGE MATRICULATION SERVICES

ELIGIBILITY FORM

ALL STUDENTS MUST COMPLETE THIS FORM AS PART OF THE APPLICATION FOR ADMISSION

NAME: (Please PRINT) ______________________________________ SS# _______________ DOB __________

STUDENT ID# __________________ PHONE: WORK (     )_________________ HOME (     )___________________

ADDRESS: ______________________ CITY: ________________ ZIP: _________ Major: __________________

E-MAIL ADDRESS: ________________________________

The Matriculation program at Cypress College is intended to help students establish appropriate educational goals and to provide support services to help achieve these goals. Students eligible for matriculation will be provided an evaluation of learning skills, orientation, counseling, completion of an educational plan, and follow up services. Please answer the following questions which will determine your eligibility to receive matriculation services.

1. Educational Goal; Certificate_______ AA/AS Degree______ Job/Career Advancement______
   Transfer_____ None of these _____

2. I am a returning Cypress College student, after missing 1 or more semesters.  ____  ____

3. I have taken an evaluation of learning skills (placement test) at a California Community College within the last two years and will provide a report of the results.
   College: _________________________________ Date taken: ______________

4. I have graduated from a regionally/accredited United States college or university with an AA degree or higher and WILL DOCUMENT this with either a transcript or diploma.
   College: _________________________________

5. I have a physical or learning disability which may make this test a poor predictor of my skills.  (if Yes, you will be referred for an alternate assessment and orientation.)  ____  ____

6. I plan to enroll in only one class: List intended class: __________________________

7. I am a full-time at another college and plan to take one class at Cypress College.
   Course title _____________________________

8. I have completed college course work from a regionally accredited United States college or university with a grade of “C” or better in the following courses which I WILL DOCUMENT with a grade record or transcript:
   a. English/writing course (title/number): __________________________
   b. Mathematical course (title/number): __________________________

9. REFUSED: Assessment _____ Orientation _____
   I understand that my refusal to participate in assessment or orientation may make me ineligible for matriculation services.

Student signature ____________________________________________ Date _______________________

6/3/2004
April 23, 2008

Dear Parent/Legal Guardian of Minor Students:

Cypress College Health Services provides first aid, emergency treatment, medical and psychological services to students enrolled in Cypress College classes.

If a student is under 18 years of age, there is a legal requirement that Health Services has a “Permission to Treat a Minor” form signed by a parent or legal guardian. In order to insure that the signature is valid, a copy of the parent/legal guardian’s driver’s license is required. For emergency purposes, we are requesting an emergency contact number, as well as a list of any allergies, serious medical conditions and/or medications taken by the student.

Please fill out and sign the attached form and attach a copy of your driver’s license. Feel free to contact Health Services if you have any questions or concerns. Our phone number is (714) 484-7361.

Sincerely,

Mary Lou Giska, FNP
Director of Health Services
PERMISSION TO TREAT A MINOR / EMERGENCY INFORMATION FORM

I (parent/legal guardian) grant permission and authorize the administration of all diagnostic and therapeutic treatments that may be considered advisable or necessary in the judgment of the physician/nurse practitioner/nurse/counselor at Cypress College Health Services.

______________________________________________________________________________________________________________________________________________

Student’s Printed Name                                           Student’s Soc. Sec. Number

______________________________________________________________________________________________________________________________________________

Printed Name of Parent or Legal Guardian                        Signature of Parent or Legal Guardian    Date

Address: ________________________________________________________________________________________

Street  City  Zip Code

EMERGENCY INFORMATION:

In case of emergency please contact:

______________________________________________________________________________________________________________________________________________

Name                                           Relationship

Phone: Home _____________________ Work _____________________ Cell _____________________

ALLERGIES:

______________________________________________________________________________________________________________________________________________

Serious Medical Conditions (i.e. Diabetes, Epilepsy)

______________________________________________________________________________________________________________________________________________

Medications: ________________________________________________________________________________________

All medical information and records are subject to guidelines of the Health Insurance Portability and Accountability Act (HIPAA).