

5055 Santa Teresa Blvd Gilroy CA 95020

## DUAL ENROLLMENT REGISTRATION CONFIRMATION

admissions@gavilan.edu

STUDENT INFORMATION (REQUIRED SECTION)					
Stude	ent ID: G#	Last Name:	First Name:	Middle:	
_	School:				
Term			Cell Phone #:		
Emai	il address:				
- 350	WESTER COURS	TO THE PERSON OF THE	TO DECE		
	Digit Course #	SES (FORM MUST BE COMPLETE	ED AND SUBMITTED TO RECEIVED  Course Title	VE COLLEGE GREDIT)	Units
_	Digit Gourse		Course Title		Ointo
				Total Units:	<u> </u>
				I Otai Oiii.G.	
	All Gavilan College I published in the Gavi		oonsible for complying with the ecs) of classes. Please review these	rules and regulations of th	_
	Grades: By participating in a dual enrollment course you are creating a college transcript. The grade(s) you earn in your Gavila College class(es) will become a part of your official college academic record.				
	Students participating in Dual Enrollment must make satisfactory academic progress (minimum cumulative GPA of 2.0 and completion of 51% of courses attempted) to maintain eligibility for financial aid when they begin college as a post graduate student (after high school graduation).				
	I understand that Gavilan Collge will release my final grades to my high school registrar. Under Section 49061 of the Education Code, my college records will only be released to parents with my written consent. (Family Educational Rights and Privacy Ac (FERPA)). Authorization for Release of Information form may be obtained at Admissions & Records.				
	Students with Disab	pilities Accommodations: I have read	id the statement regarding AEC a	accommodations above.	
	I agree to being regi	istered in the above listed classes.			
	_	nas the right to restrict enrollment fo (References- California Education Co			ıt, availability
St	udent Signature: _	Pr	int Name:	Date:	