



**DUAL ENROLLMENT  
ADULT SCHOOL NON-CCAP FORM**

**TO BE COMPLETED BY STUDENT:**

Term applying for:  Fall  Spring  Summer    Year: \_\_\_\_\_

Student Name: \_\_\_\_\_ Hartnell Student ID#: \_\_\_\_\_  
Last Name, First Name, Middle Name

Adult School Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Phone#: \_\_\_\_\_

Personal email: \_\_\_\_\_

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The maximum units that can be taken for a Fall/Spring semester is 11.0;  
for Summer semester the maximum is 6.0 units)

Course Name & Number	4-Digit Section#	Principal's or Designee's Initials
Example: ENG-1A	0722	(each course must be initialed for approval)

_____	_____	_____
_____	_____	_____
_____	_____	_____

**REQUIRED SIGNATURES:**

I agree to abide by all rules and regulations. I understand that I am responsible for paying the student activities fee and purchasing my own course materials (i.e. textbooks or supplies).

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I verify this student is enrolled in an adult education program leading to a high school diploma, GED, or high school equivalency certificate for the term listed above, and has permission and my recommendation to register in the listed Non-CCAP course(s).

High School Principal's or Designee's Official Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_