



# Special Part-Time Petition for Advanced Admission

**Must be at least 13 years old. A new petition is required each Academic Year.**  
*Submit completed form to [MJCESeForms@mjc.edu](mailto:MJCESeForms@mjc.edu) or [mjccoutreach@yosemite.edu](mailto:mjccoutreach@yosemite.edu).*

Please read the following information carefully. Complete the Special Part-Time Petition for eligibility.

MJC has an open agreement with local high school districts to enroll high school students in college classes.

## Eligibility Requirements

To maintain tuition-free status, Dual Enrollment students are permitted to enroll in a maximum of 11 units each semester. Contracted CCAP students are permitted to enroll in a maximum of 15 units each semester. Students can enroll in non-credit and non-degree applicable courses.

**To be considered for admittance as a special part-time student, the student must meet the eligibility standards as established in Education Code Sections 48800 and 76001.**

- Meet the academic prerequisites for the course; including the required placement level for any math, reading or English course.
- Ability to benefit from advanced scholastic or vocational work as determined by the Yosemite Community College Governing Board, which authorizes the President (or designee) to make such judgements.

In order to be approved for future semesters, concurrently enrolled students must be in good academic standing at MJC (defined as having a cumulative 2.0 grade point average).

## Documentation Requirements

In order for high school students to enroll in college courses, the following is required:

- Submit online college application for admission;
- Submit a completed Special Part-Time Petition for Advanced Admission form with signatures from student, parent/guardian, and designated high school administrator. Parent/Guardian signature is required for students 18 years of age.
- A parent or guardian of a pupil who is enrolled in a charter/home-school may petition directly without the signature of a principal and present a copy of the affidavit submitted to the State or County Office of Education to document the student’s involvement in an educational process.

Students enrolled in 7th or 8th grade must submit a letter of recommendation signed by their school’s principal.

**Graduating seniors who enrolled in MJC classes as a high school student, must reapply as a “high school graduate” online. Failure to do so may delay registration for classes.**

## Enrollment Fees

MJC will waive the enrollment fees (for California residents established with California Law) of students who enroll as special part-time. Students enrolled in more than 11 units, will be responsible for all tuition and fee’s (\$46 per unit), including out of state tuition.

All students are required to pay applicable semester fees which may include (fee’s are subject to change):

Health Fee - \$23 Fall & Spring, \$20 Summer	Student Center Fee - \$1 per unit
Student Activity Fee - \$10 (optional fee)	Student Rep Fee - \$2 (optional fee)



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## Student Information

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

MJC Student ID: w \_\_\_\_\_ Birthdate: \_\_\_\_\_ Phone: \_\_\_\_\_

MJC Student Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*Street Name & Number City State Zip Code*

## School Information

School Name: \_\_\_\_\_ School Phone Number: \_\_\_\_\_

School Address: \_\_\_\_\_

Current Grade Level: \_\_\_\_\_ Expected Date of High School Graduation: \_\_\_\_\_ Is this a home school?  Yes  No

This High School Petition will be processed for the **2023-2024 Academic Year: Summer 2023 Fall 2023 Spring 2024**

### Courses of interest to student:

Course Name & Number	Units	Course Name & Number	Units

### Certification by Principal or Designee

I am pleased to recommend the above-named student for enrollment in Modesto Junior College courses. I believe they are academically prepared for advanced scholastic or vocational work. I certify this student meets enrollment conditions, per the Education Code, Sections 48800, 48800.5 and 76001.

Principal/Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

### Certification by Student and Parent/Guardian

I certify that I have read the conditions of Dual Enrollment and will not exceed the approved number of units. We are aware of the additional required fees and the non-resident (out-of-state in accordance with CA Law) tuition fees related to the student status. I understand the student must reapply to MJC their senior year as a high school graduate.

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

### By signing below, I the parent/guardian acknowledge and understand the following:

- **Student Records:** Board Policy, Ed Code, and FERPA maintain certain provisions for parental access to student records. Parents should work closely with their student and high school to stay knowledgeable of the student's academic standing.
- **Contacting Instructors:** Your student is enrolling in a college course and it is important to understand that instructors work directly with students. Under FERPA, instructors are not required to discuss student performance or other student-related issues with parents.
- **Course Content/Material:** Dual enrollment courses are taught to the rigor of a college course. Discussion topics and course materials are generally designed for adult students. Parental permission will not be sought for sensitive material.
- Students will be expected to adhere to the rules, regulations and policies of Modesto Junior College.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian name printed: \_\_\_\_\_ Phone: \_\_\_\_\_

### OFFICE USE ONLY

Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_ PERC:  Yes  No GPA: \_\_\_\_\_ Email:



# MODESTO JUNIOR COLLEGE CONSENT FOR TREATMENT OF MINORS

Registered students under the age of 18 are required to have a parent/guardian consent form signed before receiving any medical treatment, including mental health services, except in emergencies or cases exempt by state law.

Signed consent will be retained in the College's Health Services Office.

I hereby authorize and give consent for my son or daughter to receive medical treatment, including dental services, as needed. This authorization is given in advance of any specific diagnosis, treatment or medical care being required or pursuant to the provisions of Family Code Section 6910-6911.

Please indicate which semester and year your son or daughter is attending:

Summer     Fall     Spring    Year: \_\_\_\_\_

Student's Legal Name (please print): \_\_\_\_\_

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

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Parent/Guardian*

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