

GCCCD ID# _____

STUDENT PETITION FOR EARLY COLLEGE CREDIT:

Grossmont Union High School District
GROSSMONT-CUYAMACA COMMUNITY COLLEGE DISTRICT
CTE Support: (619) 660-4695 or (619) 644-7071
ctecollegecredit@gcccd.edu

**Circle College Choice:
Grossmont Cuyamaca**

Student Name: _____ / ____ / ____
(Please Print) Last First Middle Birthdate (mm/dd/yy)

Personal Email (not assigned by high school): _____ High School ID _____

Mailing Address: _____ City: _____ Zip: _____

Based upon the Early College Credit Agreement between the Grossmont Union High School District and the Grossmont-Cuyamaca Community College District, the following information is provided to certify that the above named student has met the following criteria defined within the Early College Credit Agreement:
(1) Student has completed the articulated course with an "A" or "B" grade -- as stipulated in the early college credit agreement
(2) Student has a college ID # and a current application to GCCCD on file.
(3) High School instructor has verified competencies/grade below.
(4) This Student Petition for Early College Credit will be hand-delivered by an official High School representative to the college CTE Transition Specialist at Grossmont College or Cuyamaca College (may request pick up)
(5) Student has completed any additional requirement(s) specified by the individual program area and outlined in agreement.
(6) Student has not exceeded the maximum 12 units of early college credit

Name of High School Course	High School Name	Date Completed (month/year)	College Course #	Name of College Course	Unit Value

Student:

I understand that the college units and grade earned will be posted to my permanent college academic transcript and will be calculated in my college grade point average and cumulative units.

Student Signature _____ **Date** _____

Parent/Guardian (If student is under 18 years of age):

I grant permission for my son/daughter to receive college credit from the Grossmont-Cuyamaca Community College District (GCCCD). I understand that the college units and grade earned will be posted to his/her permanent college academic transcript.

Parent/Guardian Signature _____ **Date** _____

Instructor Signature	Date	Final Course Grade (Circle)	SST/Registrar Signature	Date
		A B		
Instructor Name (printed):			SST/Registrar Name (printed):	

This form must be submitted by an official high school representative to a GCCCD CTE Specialist.

The student is eligible to receive early college credit for the above course if he/she:

- _____ has a current GCCCD application on file
- _____ has not completed the same course or an advanced course in the articulated subject area
- _____ has completed the early college credit course within the **last three (3) years**

Articulated Credit added to student's record on _____ by _____