

Detailed Petition Narrative

Describe (500 words or less) Class(es) involved, Reason for petition, Implications for high school graduation and college readiness, Thorough personal statement explaining why you feel the petition is warranted and should be approved:

Petition Decision

Action Regarding Petition

Approved **Denied** **Other:**

Reason for decision (if applicable):

Director of High School Partnerships Signature: _____ Date: _____

Submit this petition to collegenow@cocc.edu



College NOW REGISTRATION FORM

STUDENT'S LEGAL NAME

Last

First

Middle

(Preferred First Name)

Mailing Address

City

State

Zip

Date of Birth (mm/dd/yyyy)

GENDER:

MALE

FEMALE

OTHER

STUDENT'S CELL PHONE: _____

STUDENT'S PERSONAL EMAIL: _____
(required--high school issued email will not work)

HIGH SCHOOL GRADUATION YEAR: _____

PARENT'S EMAIL: _____

Check the appropriate boxes that apply to you:

Ethnic origin: Do you consider yourself of Hispanic/Latino origin?

Yes

No

In addition, select one or more of following that apply:

Black or African American

Asian

American Indian or Alaska Native Native

White

Hawaiian or Other Pacific Islander

Other/No Answer

COLLEGE NOW COURSE FEES ARE \$25 PER CREDIT

For example: WR 121 (4 credits) = \$100

STUDENT FINANCIAL RESPONSIBILITY

I understand and agree that I am financially responsible for course fees (\$25/credit) related to College Now. Failure to make payment will result in future registration holds. Unpaid account balances are eventually sent to collections. Payment is due after your registration has been processed

STUDENT SIGNATURE

Date

Please see following page

RELEASE OF INFORMATION

I authorize COCC to release information related to College Now courses and programs to representatives of my high school, school district, and parents/guardians listed below. The information released will be used only for the purposes of facilitating the College Now program. I understand that revocation of this permission is my responsibility.

STUDENT SIGNATURE

(Your signature gives COCC permission to follow the above Release of Information.)

Date

CAN COCC RELEASE INFORMATION TO YOUR PARENTS/GUARDIANS? (OPTIONAL)

Release of information allows COCC talk to your parent/guardian(s) about your bill, classes, records, and/or account.

Enter parent/guardian name(s) and relationships below.

Parent/Guardian name(s)

I hereby permit Central Oregon Community College to release any of the following information from my educational records: Academic performance/progress, attendance, class schedule for current term, cumulative credit hours, financial aid information, grades/academic standing, on-campus housing related information (including conduct issues), registration activity, payment information/history, student conduct information, veteran's information, transcript pick-up (not valid for ordering transcripts). The information may be released by phone, in-person or in writing to the following individuals (please provide full names) once they have confirmed my COCC identification number and date of birth.

I understand that the information provided in this form is considered private information under the federal FERPA (Family Educational Rights and Privacy Act) guidelines. By completing, signing, and submitting this form, I acknowledge: I am the only person authorized to sign, complete, and submit this form per federal privacy laws. This information will be released to the party(ies) indicated and this release has no expiration date. I may revoke this release by providing a written request to Enrollment Services This release does NOT authorize others to make any changes to my COCC account/record, including to add/drop courses or request a transcript on my behalf This release is not applicable for the Services for Students with Disabilities (SSD) department needs or requirements - students working with the SSD office need to contact that office directly for a separate release.

STUDENT SIGNATURE

(Your signature gives COCC permission to follow the above Release of Information.)

Date

NON-DISCRIMINATION POLICY: The goal of Central Oregon Community College is to provide an atmosphere that encourages our faculty, staff and students to realize their full potential. In support of this goal, it is the policy of the Central Oregon Community College that there will be no discrimination or harassment on the basis of age, disability, sex, marital status, national origin, ethnicity, color, race, religion, sexual orientation, gender identity, genetic information, citizenship status, veteran status or any other classes protected under Federal and State statues in any education program, activities or employment. Persons having questions about equal opportunity and non-discrimination should contact COCC's Equal Employment Officer at 541-383-7219.

Course registration on following page



College **NOW** **REGISTRATION FORM**

High School	COCC ID Number (if known)	
Last Name	First Name	Middle Initial

COCC Course	Number of Credits	Fee (\$25 x credits)
Teacher	Class Period	CRN Section No. <i>COCC Use Only</i>