



RUNNING START COURSE RECOMMENDATION FORM

Date _____

Admission to the Running Start program is based on the student meeting the college-level cut-off scores that are currently in effect for college courses. Once accepted into the Running Start program, the student may access any college-level course or professional/technical program for which they otherwise meet the prerequisites.

Student Identification Number

Student's name _____

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Phone _____ Permanent mailing address _____

City _____ State _____ ZIP _____

Parent/guardian name _____ Day phone _____

Address (if different) _____

High school _____

High school grade level: Junior Senior Date of high school graduation: Month _____ Year _____

Quarter of attendance: Fall Winter Spring Year _____

Which college do you plan to attend? SCC SFCC Extension site _____

College courses recommended		<i>To be completed by high school:</i> High school equivalent	
Course and number (example English 101)	Credits	Subject	Credits
_____	_____	=	_____
_____	_____	=	_____
_____	_____	=	_____
Alternates: _____	_____	=	_____
_____	_____	=	_____

Comments: _____

Admission to the college does not guarantee acceptance into certain classes or programs, or specific times for classes.

I have read the information provided regarding the Running Start program and understand the conditions of enrollment and the expectations of college courses and participation in Running Start. I hereby give permission for release of any educational information which may be beneficial to my academic progress.

Signatures

Student _____ Date _____

Parent/guardian _____ Date _____

Reviewed by high school counselor _____ Date _____