



# CERRITOS COLLEGE DUAL ENROLLMENT AUTHORIZATION FORM

TERMS
Summer *
Fall
Spring

## SECTION I: TK-12<sup>th</sup> GRADE INSTITUTION INFORMATION

This form allows Cerritos College to verify approval from designated administrators and/or counselors authorized to sign Dual Enrollment forms for students. Dual Enrollment forms **cannot** be processed for any student until this form is on file and is required to be completed on an annual basis.\*

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_  
Number and Street City / State Zip Code

Primary Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

This TK-12 institution is a:  Public School  Private School  Home School  Other \_\_\_\_\_

*\*As a reminder, dual enrollment in non-CCAP classes in any summer term is restricted to a 5% limit per grade level pursuant to California Education Code Sec. 48800. It is **solely** the responsibility of the TK-12 institution to monitor and limit Dual Enrollment approvals and/or submissions to not exceed the 5% statutory maximum.*

## SECTION II: AUTHORIZED SIGNATURES:

**Instructions:** The signatures below reflect all persons who are authorized on behalf of the TK-12 institution to sign a Dual Enrollment form. All individuals must print their name and title, provide their signature and provide the date signed. If the TK-12 Institution desires additional authorized signors, please attach a sheet with the person's name, title, signature and date.

\_\_\_\_\_  
Principal (Print Name) Principal's Signature Date

\_\_\_\_\_  
Head Counselor (Print Name) Signature Date

\_\_\_\_\_  
Print Name & Current Position Signature Date

\_\_\_\_\_  
Print Name & Current Position Signature Date

\_\_\_\_\_  
Print Name & Current Position Signature Date

**If more space is needed for authorized individuals, please use multiple forms  
Please submit completed form to [dualenrollment@cerritos.edu](mailto:dualenrollment@cerritos.edu)**