Teresa Copenhaver
Executive Director

Circle of Independent Learning

Home of the Dragons
4700 Calaveras Ave, Hyman Building, Fremont,
California 94538
510-797-0100

Sponsor

College Early Start Pre-Authorization Form

Last Name_____ First Name_____ School Year_____

Current Grade_____ Advisory Teacher: _____ DATE:_____

College Name	Semester & Year (Fall/Spring/Summer)	Course Title (Include Alternate Courses noted with ALT)	College Units
Ex. Ohlone	***Summer 2024***	***English 101 A-English Comp***	***4***

Early Start Requirements

PART A (COMPLETED BY Student/Guardian)

Yes / No

- ☐ ☐ Student is enrolled in a minimum of 20 credits at COIL and maintaining a 2.0 GPA or higher
- ☐ ☐ Student may take a maximum of 2 courses per semester at a local accredited college (unless authorized by the COIL Exec. Director)
- ☐ ☐ Students/Parents/Guardians understand we are responsible for all initial costs associated with enrollment & course registration.
- ☐ ☐ Student/Parent/Guardian understands the maximum reimbursed amount for textbooks is not to exceed $100 per semester.
- ☐ ☐ Student/Parent/Guardian understands student must pass all COIL courses during concurrent enrollment semester to be eligible for continuous college enrollment in the subsequent semester.
- ☐ ☐ Student/Parent/Guardian understands that student must receive a passing grade submit a transcript, and receipt with the completed Cost Reimbursement Form to receive reimbursement.

We declare that the information submitted in connection with determining pre-authorization is true and correct. Additionally, we agree with the above-noted guidelines and will notify COIL of any changes to the above-noted classes. We understand that falsification, withholding of pertinent data, or failure to report changes may result in a non-refunding of fees for classes taken.

_____ _____

Student Signature Date Parent/Guardian Signature Date

PART B (COMPLETED BY COIL)

Yes / No

- ☐ ☐ I verify that the student can demonstrate the level of maturity necessary to act responsibly and ethically and that the student can perform adequately in courses requiring a high level of physical maturity and dexterity.
- ☐ ☐ I confirm that this student has not been subject to Advisory Teacher (AT) academic intervention or probation within the current school year. (If the answer Is NO, provide in writing an explanation as to the action taken, the result from said action, and current progress.)
- ☐ ☐ As the AT, I will be available to provide support as needed.
- ☐ ☐ I acknowledge that the student is enrolled in at least 20 credits at COIL and maintaining a 2.0 GPA or higher.

_____ _____

AT Signature Date School Counselor Date

_____

Executive Director Signature Date

"…reaching the unique bent of genius in each of its students through personalized learning."