



Requesting Changes to Special Admit Courses

Student Information

First and last name:

Mt. SAC ID:

Education level:

High school attending:

New Course Information:

Course title (ex: Math 110):

Course 1:

Course 2:

Term:

Year:

School Designee Information

First and last name:

Title/Position:

- This student is enrolled for at least the “minimum school day” (EC §48801);
- This student would benefit from “advanced scholastic or vocational work” (EC §48800);
- This course recommended is for enrichment purposes (EC §48800);

School Designee Signature

Please email form to: specialadmit@mtsac.edu