



SACRAMENTO STATE

CALIFORNIA STATE UNIVERSITY, SACRAMENTO

ACCELERATED COLLEGE ENTRANCE PROGRAM (ACE)

Application for ACE Enrollment

A. Student Information [Please print legibly using black or blue ink]

Semester/Year: Fall _____ Spring _____ Summer _____

Social Security #: _____/_____/_____ Current Grade (Check one) 10 11 12

Name: _____ (Last) (First - No Nicknames) (Middle)

Sex: (Check one) Female Male Birthdate: _____/_____/_____ (Month Day Year)

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: (_____) _____ E-Mail Address: _____

Name of High School: _____ County of Residence: _____

Have you taken an ACE class in a previous semester? (Check one) YES NO

Sac State ACE classes you intend to take: 1 _____ 2 _____ 3 _____

Have you applied to attend Sac State as a college student for next year? (Check one) YES NO

Student Signature: _____ Date: _____

B. Parent/Guardian Signature

"The above named student has my permission to enroll in the ACE Program at Sac State."

Print Name: _____ Date: _____

Signed: _____

C. High School ACE Instructor or Other High School Official Signature

"The above student is capable of achieving a 'B' grade or higher in the indicated course(s) and I recommend this student be permitted to enroll at Sacramento State University concurrent with high school enrollment."

Print Name: _____ Date: _____

Signed: _____

Position: _____ High School: _____

D. Sac State ACE Office Use Only

ACE Director Recommendation

"This Student is recommended to enroll in Sac State courses as a Special Student in the ACE Program."

Signed: _____

Date: _____

Data Reviewed:

School Records (GPA)

Test Scores (Specify) _____

Advanced Instruction Completed

Interview

Academic Department Referral

Comments:

E. Sac State Admissions Office Use Only

ACE Enrollment Location: _____ High School: _____

Course(s): _____

Form of Payment:

Cash: _____ Personal Check: _____ School Check: _____ Purchase Order: _____