

NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-	REGULATORY ACTION NUMBER 2015-0409-025	EMERGENCY NUMBER
------------------	---------------------------------	--	------------------

For use by Office of Administrative Law (OAL) only

<p>2015 APR -9 A 11:05</p> <p>OFFICE OF ADMINISTRATIVE LAW</p>
--

ENDORSED - FILED
In the office of the Secretary of State
of the State of California

'APR 09 2015
9:54 AM

NOTICE

REGULATIONS

AGENCY WITH RULEMAKING AUTHORITY

Board of Governors of the California Community Colleges

AGENCY FILE NUMBER (If any)

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE N/A		TITLE(S) N/A	FIRST SECTION AFFECTED N/A	2. REQUESTED PUBLICATION DATE N/A
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON N/A	TELEPHONE NUMBER N/A	FAX NUMBER (Optional) N/A
OAL USE ONLY	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		NOTICE REGISTER NUMBER	PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Electronic Submissions	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
--	--

2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)	
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT
	AMEND
	54300
TITLE(S) CCR Title 5	REPEAL

3. TYPE OF FILING			
<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §511349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input checked="" type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))		<input type="checkbox"/> Other (Specify)	

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)			
<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input type="checkbox"/> Effective on filing with Secretary of State	<input type="checkbox"/> §100 Changes Without Regulatory Effect	<input checked="" type="checkbox"/> Effective other (Specify) 30 days after filed w/Secretary of State

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY			
<input checked="" type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal	
<input type="checkbox"/> Other (Specify)			

7. CONTACT PERSON Javier L. Gonzalez		TELEPHONE NUMBER 916-327-5493	FAX NUMBER (Optional) 916-322-9030	E-MAIL ADDRESS (Optional) jgonzalez@cccco.edu
---	--	----------------------------------	---------------------------------------	--

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE 	DATE 4/7/15
TYPED NAME AND TITLE OF SIGNATORY Erik Skinner, Executive Deputy Chancellor	

For use by Office of Administrative Law (OAL) only

ATTACHMENT 1

BOARD OF GOVERNORS OF THE CALIFORNIA COMMUNITY COLLEGES PROPOSED REVISIONS TO TITLE 5 REGULATIONS: ELECTRONIC SUBMISSIONS

1. Section 54300 of subchapter 4.5 of chapter 5 of division 6 of title 5 of the California Code of Regulations is amended to read:

§ 54300. Electronic Applications and Electronic Signatures.

(a) Community college districts may authorize the electronic submission of any admission form or student form or document.

(b) Electronic signatures in lieu of manual signatures may be used on any documents requiring a signature, providing the electronic signature meets the ~~standards for electronic signatures in electronic student loan transactions adopted by the U.S. Department of Education to implement the Electronic Signatures in Global and National Commerce Act (15 U.S.C. §§ 7001 et seq.)~~ following standards, unless otherwise required to meet a higher standard under federal or state regulation or law:

(1) It is unique to the person using it.

(2) It is capable of verification.

(3) It is under the sole control of the person using it.

(4) It is linked to data in such a manner that if the data are changed, the digital signature is invalidated.

(5) It conforms to regulations adopted by the Secretary of State.

~~(c) Applications for admission and residency questionnaires submitted electronically are valid only if they include electronic signatures that satisfy the requirements of subdivision (b).~~

~~(d) Prior to the electronic submission of any information, districts will inform applicants and students of the relative security of the information they submit electronically.~~

Note: Authority cited: Sections 66700, 70901 and 70901.1, Education Code.
Reference: Section 70901.1, Education Code; and ~~15 USC Sections 7001, et seq.~~