

## **Concurrent Enrollment Agreement**

For your first semester, this Concurrent Enrollment Agreement form, an application for admission, an official high school transcript, and any ACT/ SAT scores must be submitted to and processed by the Office of Admissions before you meet with an academic advisor to register. Each subsequent semester of Concurrent Enrollment, you will need submit this completed form and an official high school transcript to the Office of Admissions prior to meeting with an academic advisor to register. As a concurrent student you are required to maintain a college GPA of 2.0 or above on a 4.0 scale. Please note that you are responsible for any and all fees that you accrued while being enrolled in Connors State College classes as a concurrent student

Student Name:					
	(First)		(Mid	ldle)	(Last)
High School:			Date	e of Birth:	
Students Classification:	Junior	Senior		e of Exp. duation:	<u>.</u>
Please select whic	ch semester and	year you'd like to	) register for a	at Connors State Co	ollege:
(Indicate One)	Fall		pring	Summer	
	T	his section is to be	completed by a l	high school official.	
Please provide a lis	st of high school o	classes that the st	udent will be e	enrolled in for the s	emester specified above:

## Maximum number of hours at Connors State College: \_\_\_\_

I certify that the above student is enrolled in the courses listed above and meets the requirements of Concurrent Enrollment. I have verified that the combined enrollment at Connors State and high school will not exceed 19 semester hours based upon the guidelines provided by the Oklahoma State Regents for Higher Education.

Class Op (If a spe	ption: ccific class is preferred, please list the CRN Number)	Online or In-Person (please list time frame and campus)	Class Length (16 wk, 1 <sup>st</sup> 8wk, 2 <sup>nd</sup> 8wk)
1)	corence		
2)	List classes in order of preference		
3)	lasses in or		
4)	Listern		
5)	ontions		
6)	Alternate Options		

I grant permission for my child/dependent to enroll as a concurrent student at Connors State College. I understand that he/she must abide by the guidelines set forth by Connors State College and the Oklahoma State Regents for Higher Education.

ightarrow Parent/Legal Guardian Signature: \_\_\_\_\_\_ Date\_\_\_\_\_ Date\_\_\_\_\_

I have read and understand the conditions of my concurrent enrollment. I also authorize the release of my enrollment schedule (enrollment verification) and my official transcript to my high school principal/counselor upon request while I am enrolled as a concurrent student. By signing below, I give permission for Connors State College to enroll me in the first available course approved above by my high school and acknowledge that I understand the guidelines set forth by Connors State College and the Oklahoma State Regents for Higher Education.

$\rightarrow$	Student Signature:	Date:

→ Principal / Counselor Signature: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_