

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) High School: | | | (Middle) | 41 | (Last) | |
| Ingli School. | | | Date of Bi | rth: | | |
| Students Classification: | Junior | Senior | Date of Exp Graduation | | | |
| Please select whi | ch semester and | year you'd like | to register for at Con | nors State College: | | |
| (Indicate One) | Fall Spring | | Spring | Summer | | |
| | | | e completed by a high sci | | | |
| Please provide a li | st of high school | classes that the | student will be enrolle | ed in for the semester | specified above: | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Maximum number | | _ | | | | |
| - | | | | - | current Enrollment. I have | |
| | | | ate and nign school wil r Higher Education. | not exceed 19 semes | ter hours based upon the | |
| Class Option: | by the Oktaholia | State Regents 10 | | r In-Person (please list | Class Length (16 wk, | |
| (If a specific class is preferred please list the CRN Number) | | | | e and campus) | 1 st 8wk, 2 nd 8wk) | |
| 1) | | carence | | | | |
| 2) | der | of prefer | | | | |
| 3) | losses in orde | | | | | |
| 4) List C | lasses in order | | | | | |
| 5) | | | | | | |
| 6) | Alternat | e Options | | | | |
| I grant permission f | | | a concurrent student at | Connors State College | . I understand that he/she | |
| | - | | College and the Oklahon | | | |
| → Parent/Leg | al Guardian Signat | ure: | | Date | | |
| _ | _ | | | | | |
| | | - | | | of my enrollment schedule | |
| • | • | • | | | st while I am enrolled as a available course approved | |
| | | • . | | | College and the Oklahoma | |
| State Regents for Hi | | cuge mat i under | stand the guidennes set | iorui by connors state | Conege and the Okianoma | |
| _ | _ | | | Date: | | |
| → Principal / (| Counselor Signatui | re: | | Date: | | |