



Ozarka College

DUAL/CONCURRENT ENROLLMENT FORM

Student Name _____

Student ID # (Nine Digit #) _____

High School _____

TEST SCORES

(*Please attached a copy of the scores to this sheet. The number in parentheses is the MINIMUM score the student must have to be placed into college-level coursework.)

ACT	ACCUPLACER	EXPLORE	PLAN	COMPASS
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
_____ English (19)	_____ Sentence Skills (83)	_____ Math (15)	_____ Math (17)	_____ Math (41)
_____ Math (20)	_____ Reading (78)	_____ English (14)	_____ English (16)	_____ Writing (80)
_____ Reading (19)	_____ Math (42)	_____ Reading (14)	_____ Reading (15)	_____ Reading (83)
_____ Science				
_____ Composite				

COURSES

(*Only college courses which apply to High School graduation requirements are eligible for the concurrent/dual enrollment reduced tuition rate.)

Course Name	Section	Concurrent* or Dual Enrollment** Course	Instructor

Concurrent Enrollment*: Course taken at the high school during school hours taught by high school faculty.

Dual Enrollment**: Online or other course taught by Ozarka College faculty.

I have discussed dual/concurrent credit with this student and certify that the course(s) listed above will apply to graduation requirements at our school:

Counselor or Principal

Date

I agree to be enrolled in the above courses and submit payment by the college's deadline.

Student Signature

Date

***To receive discounted tuition rate for dual credit courses, this form must be completed and returned to the Ozarka College Finance Office prior to the end of the first week of classes for each semester the student is enrolled. For specific dates, please refer to the Ozarka College Website.

For Official Use Only: _____ Received _____ Financial Aid _____ Business Office