Ozarka College

CONCURRENT ENROLLMENT FORM

I certify that: ____________________________________________
Name of Student            Student ID # (Nine Digit #)

of ____________________________
Name of High School

TEST SCORES

ACT                        EXPLORE                        COMPASS                       PLAN
______ English            ______ English ______ Writing ______ English
______ Math              ______ Math ______ Reading ______ Math
______ Reading           ______ Reading ______ Algebra ______ Reading

Please list course(s) the student plans to enroll which will apply to High School graduation requirements. Only college courses which apply to High School graduation requirements are eligible for the concurrent enrollment reduced tuition rate. ** Please attach a copy of the student’s test scores to this form.

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<th>Name of College Course</th>
<th>Instructor</th>
<th>High School</th>
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Concurrent Enrollment*: Student is taking the college level course at the High School during the normal school day (e.g. a face-to-face class at the High School in College Algebra). These classes should apply to graduation requirements.

I have discussed concurrent credit with this student and recommend him/her for enrollment:

_________________________________________  ________ ____________
Counselor or Principal                             Date

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

_________________________________________  _______ _____________
Student Signature                                    Date

DEADLINE: To receive discounted tuition rate for concurrent 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 office use only

Received_________ Finance Office_____________ Financial Aid__________________