

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.**

Name of College Course	Instructor	High School

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 _____