



# Ozarka College

## CONCURRENT ENROLLMENT FORM

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

of \_\_\_\_\_  
Name of High School

### TEST SCORES

ACT	COMPASS	ASSET
_____ English	_____ Writing Skills	_____ Writing Skills
_____ Math	_____ Reading Skills	_____ Reading Skills
_____ Reading	_____ Algebra Skills	_____ Numerical Skills
_____ Science Reasoning		_____ Intermediate Algebra
_____ Composite		

### Recommendation:

The above student should be allowed to enroll in \_\_\_\_\_ (specify maximum number of credit hours) at Ozarka College for the following term:

Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer I \_\_\_\_\_ Summer II \_\_\_\_\_

Comments:

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I have discussed concurrent credit with this student:

\_\_\_\_\_  
Counselor or Principal

\_\_\_\_\_  
Date