

SWOSU Concurrent Enrollment Signature & Course Selection Form

High school students wishing to do concurrent enrollment must first read the eligibility requirements posted on the SWOSU website at: <https://www.swosu.edu/admissions/concurrent-enrollment.php>. Then, submit an online University Admissions Application found at: <http://www.swosu.edu/admissions/apply/index.aspx> and send ACT scores & high school transcripts. Concurrent students must meet all requirements and be fully admitted to the university (transcripts, ACT scores & signatures on file) before they can be placed into courses. **Students must submit a new Signature & Course Selection Form prior to each semester of enrollment.**

Send this completed form along with your ACT scores and transcripts to the appropriate campus address:

Weatherford Campus: Admissions & Recruitment Office, 100 Campus Drive, Weatherford, OK 73096

Sayre Campus: Registrar, 409 E Mississippi Avenue, Sayre, OK 73662

Student Applicant:

Last Name: _____ First Name: _____ SWOSU ID#: _____

High School: _____ Expected HS Grad. Year: _____

Email Address: _____ Your Cell Phone: _____

Please list all high school classes you will be enrolled in during the semester of this application:

I have read and understand the requirements and obligations of both the high school and SWOSU for concurrent enrollment. I understand that upon enrollment I am obligated to the costs associated with the coursework and it is my responsibility to withdraw from courses by the refund deadline if I decide not to attend. I also give permission to SWOSU to release my grades and transcripts to the high school and the counselor's office.

 Student Signature

 Date

Requested Semester of Enrollment: Fall 20____ Spring 20____ Summer 20____

Requested Courses:

Course Number	Section Number	Name of Course	Time	M	T	W	R	F

Parent/Guardian:

As parent/guardian of the student indicated above, I hereby give my permission for them to be enrolled concurrently in both high school and SWOSU courses for the semester listed. I also understand that by enrolling, my student is now obligated to the associated costs.

 Parent/Guardian Signature

 Date

High School Official:

I have examined the academic records of the student indicated above and certify that he/she is eligible to satisfy high school graduation requirements (including curricular requirements for college admission) no later than the last semester of the senior year. As a result, I recommend that they be permitted to enroll for the following semester:

Fall 20____ Spring 20____ Summer 20____

 High School Name

 Phone

 High School Counselor or Principal Signature

 Date