

SWOSU Concurrent Enrollment Signature & Course Selection Form

Students must submit a new Signature & Course Selection Form prior to each semester of enrollment.

Submit this form to your HS Counselor. Request that the HS sign and send this completed form along with your ACT/SAT scores and transcripts to SWOSU Admissions at admissions@swosu.edu. All signatures are required.

Student Applicant:

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

High School: _____ Expected HS Grad Yr: _____

Email Address: _____ 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	Course Name	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 concurrently for the semester marked above.

School Name

School Counselor or Principal Printed Name

School Counselor or Principal Email

School Counselor or Principal Signature

Date