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.**

Submit this completed form, with required signatures, to your high school counselor. Your counselor should email the completed form, transcripts and ACT scores (if available) to *concurrent@swosu.edu*.

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