



APPROVAL FOR HIGH SCHOOL CONCURRENT ENROLLMENT

Please ensure an online application has been completed, and official transcripts and test scores have been submitted. A new approval form is required for each semester of concurrent enrollment.

This area must be completed and signed by high school officials.

Name: _____ OCCC Student ID or DOB: _____

Current High School: _____ Expected Graduation Year or Date: _____

Classification: Junior _____ Senior _____

Enrolling Concurrently for: [] Fall [] Spring [] Summer 20__

How many classes will the student take at the high school this semester? _____

Concurrently-enrolled students must not exceed a full-time college workload of 19 semester credit hours for Fall or Spring, or nine semester credit hours for Summer. For purposes of calculating workload, one-half high school unit shall be equivalent to three semester credit hours of college work.

I have examined the academic records of this student and certify that they are eligible to satisfy high school graduation requirements (including curricular requirements for college admission) no later than Spring of the student’s Senior year.

Signature of Counselor or Principal: _____ **Date:** _____

This area is the responsibility of the student, must be signed and dated by the concurrent enrollment applicant, and by a parent or legal guardian.

- I meet all of the requirements for concurrent enrollment as listed at: occc.edu/admissions/ConcurrentEnrollment.html
- I understand that in order to continue enrollment as a high school concurrent student, I must maintain a minimum 2.0 GPA.
- I understand that I have 18 hours of waiver for my Junior and Senior years. Junior year begins the summer after the completion of Sophomore year, and Senior year begins the summer after the completion of Junior year.
- I understand that I am responsible for all fees associated with my enrollment and any tuition costs which exceed the 18 hours of waiver.
- I have read and understand the provisions set forth by my high school and OCCC for my concurrent enrollment. I give OCCC permission to release my test scores, grades, attendance information and OCCC transcripts to my high school for the duration of my concurrent enrollment.

Signature of Student: _____ Date: _____

I have read and understand the provisions set forth by the high school and OCCC for my child’s concurrent enrollment.

Signature of parent or legal guardian: _____ Date: _____

For office use only:

Approved by: _____ Date: _____ Student ID: _____ Semester/Hours: _____