



OKLAHOMA CITY
COMMUNITY COLLEGE

EARLY START CONCURRENT ENROLLMENT APPROVAL FORM

Please ensure an 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/Date: _____

Classification: Freshman _____ Sophomore _____

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.

- Eligible for Oklahoma's Promise or eligible for the Free or Reduced lunch program at current HS: [] Yes [] No
- 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 if eligible, OCCC will cover the cost of tuition and fees for up to 6 credit hours during my Freshman year and up to 12 credit hours during my sophomore year. If not eligible via Oklahoma's Promise or the Free and Reduced lunch program, I understand I am responsible for all tuition and fees associated with my enrollment.
- 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/legal guardian: _____ **Date:** _____

For office use only:

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