

# East Central UNIVERSITY

## Concurrent Enrollment Verification Form

**Complete and Return to**  
**Mail:** Office of Admissions  
East Central University  
PMB R-8  
Administration, Room 102  
1100 E. 14<sup>th</sup> Street Ada,  
OK 74820  
**Email:** [admissions@ecok.edu](mailto:admissions@ecok.edu)

**This is to certify the following named student is eligible to satisfy requirements for high school graduation no later than the spring of his/her senior year. Our signature verifies recommendation of the student's concurrent enrollment at East Central University.**

Name of Student \_\_\_\_\_

Current classification: Junior  Senior  (check one)

High School \_\_\_\_\_ City \_\_\_\_\_

Current session and year (fall, spring, or summer & year) \_\_\_\_\_

\_\_\_\_\_  
Signature of High School Principal or Counselor

\_\_\_\_\_  
Date

**An official high school schedule for the semester in which the student intends to take concurrent courses must accompany this form in order for the student to be enrolled at East Central University. All high school courses including, but not limited to, study halls, aid periods, band, and athletics are considered courses and must be listed on the schedule.**

As a concurrent student, I understand that during this provisional enrollment period, I must achieve a retention grade point average of 2.0 or above on a 4.0 scale to be considered in good academic standing and to be eligible for subsequent college enrollment. I authorize the Records Office and my academic advisor to monitor my attendance and grades. I also authorize the release of my college records to my high school principal and counselor while I am enrolled as a concurrent student.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

As the parent/legal guardian, I grant permission for \_\_\_\_\_ enroll concurrently at East Central University.

\_\_\_\_\_  
Signature of Parent / Legal Guardian

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY

Verified: \_\_\_\_\_

Admitted: \_\_\_\_\_