



CONCURRENT ENROLLMENT VERIFICATION FORM

For your first semester of concurrent enrollment, you will need to submit an online application, official ACT/SAT/PACT/PSAT, an official high school transcript, and this Concurrent Enrollment Verification Form to the Office of Admissions and Records.

For each semester thereafter, you will need to submit this form to the Academic Success Center in order to enroll.

STUDENT NAME _____ **BIRTHDATE** _____
(Last) (First) (Middle) (MM/DD/YYYY)

HIGH SCHOOL _____
(High School) (City)

I WISH TO ENROLL IN THE FOLLOWING TERM AT EAST CENTRAL UNIVERSITY (*If summer and fall please indicate both on form.)

SPRING 20 _____ SUMMER 20 _____ FALL 20 _____

THIS AREA TO BE COMPLETED BY STUDENT AND PARENT/GUARDIAN

I grant permission for _____ to enroll in Concurrent classes at ECU. I acknowledge that any charges incurred by my student are my legal responsibility to satisfy in full.

(Signature of Student) *REQUIRED (Phone Number) (Date)

(Signature of Parent/ Guardian) *REQUIRED (Phone Number) (Date)

THIS AREA MUST BE COMPLETED AND SIGNED BY A HIGH SCHOOL OFFICIAL.

I have reviewed the academic record of _____ and verify the following information for this student.

Classification* Junior Senior **EXPECTED GRADUATION DATE (MM/YYYY)** _____

*For the semester indicated above

****A student's combined enrollment at your high school and East Central University may not exceed 19 hours for a fall/spring semester or 9 hours for summer without special permission. One-half high school unit is calculated as 3 hours of college work. Please list all classes above.**

I certify that the applicant is eligible to satisfy high school graduation requirements (including curricular requirements for college admissions) no later than spring of their senior year.

(Printed Name and Signature of Counselor/Principal) (Phone Number) (Date)