

Concurrent Enrollment Verification Form

<u>For your first semester of concurrent enrollment, you</u> 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.

For each semester thereafter,	you will need to sub	mit this form to the	Academic Success Cer	nter in order to enroll	
STUDENT NAME				BIRTHDATE .	
(Last		(First)	(Middle)		(MM/DD/YYYY)
HIGH SCHOOL					
	(High School)		(City)		
I WISH TO ENROLL IN T	HE FOLLOWING	TERM AT ECU (*	If summer & fall, plo	ease indicate both o	n form.)
SPRING 20		SUMMER 20	☐ FA	LL 20	
THIS AREA TO BE COMPLETED BY STUDENT AND PARENT/GUARDIAN					
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 Office of Records and my academic advisor to monitor my attendance and grades. I also authorize the release of my college records to either my high school counselor or principal - as specified below - for a period of up to six months after my final concurrent course with ECU has ended.					
(Signature of Student) *REQ	UIRED	(Pho:	ne Number)	(D	ate)
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 Parent/Guardian) *REQUIRED	(Pho	one Number)	(D	ate)
I have reviewed the acade the following information	emic record of		GNED BY A HIGH		CIALand verify
**A student's combined enr fall/spring semester or 9 ho	ollment at your hig	h school and East C	Central University ma	y not exceed 19 ho	urs for a
of college work. Please list a I certify that the applicant requirements for college act The student's transcript shape.	is eligible to satist dmission) no later	than spring of the	ir senior year.		cular
(Printed Name AND Signatu	are of Counselor/Pr	incipal) *REQUIR	ED (Phone N	umber)	(Date)