**Concurrent Enrollment Student Course Registration**



You have indicated that you are interested in taking a college course at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Persons under 21 years of age who are enrolled in the 9th – 12th grade, who demonstrate academic preparedness, are eligible for the Concurrent Enrollment Program where students can earn both high school and college credit for the same course. To enroll in a course at an eligible postsecondary institution, a student must have completed the minimum course prerequisites and all required assessments.

**Deliver this form to your high school counselor.**

**SECTION A: To be Completed by the Student (PLEASE PRINT)**

Semester \_\_\_\_\_\_\_

Name

DPS ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SASID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ College ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_

Grade during Course (Circle): 9 10 11 12 Test(s) you have taken (Circle): ACT Accuplacer SAT

High School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION B: Course Selection- To be Completed by the Student and High School Counselor**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Subject | Course Number | Title | Credit Hours | College | Counselor Initials |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**A signature below indicates the student and parent/guardian agree to all terms on the separate Concurrent Enrollment Agreement Form and wish to participate in the Concurrent Enrollment Program, realizing their responsibility of payment for any student fees associated with the courses listed above.**

Student Signature Date Parent or Guardian Signature Date

**Section C: Part 1 – Principal Approval**

**A Signature by the Principal and the Superintendent or their designees, approves the School District to pay the tuition for each course initialed above.**

Approved by Principal (or Designee)

Signed: Title: Date:

**SECTION C: Part 2 – District & College Approval**

Approved by DPS

Signed: Date:

Approved by \_\_\_\_\_ Administrator

Signed: Title: Date: