



Concurrent Enrollment Program Registration Form - Complete each semester!

Return Completed form to: Concurrent Enrollment Program 600 North Adams, Taylor 303 Gunnison, CO
81231 FAX: 970.943.7068
Questions: 970.943.2885

Student Name: _____ Current Grade in School: _____
Enrollment Term: Fall Spring Summer of the year School District: School: _____
Social Security #: _____ SASID: _____ Date of Birth: _____ Age: _____

Participation Agreement - To be completed by student and parent/guardian.

1. I received advice and counsel about participating in the Concurrent Enrollment Program from my high school, and the course fits into my Individual Career and Academic Plan (ICAP).
2. After registering for a course with Western, I know I must apply for the College Opportunity Fund (COF). This can be done online at <https://cof.college-assist.org/>. I must also authorize Western to apply COF payments to my account (instructions come with registration confirmation letter from Extended Studies).
3. I know I must meet the same prerequisites and course expectations as all other university students in a course, as noted in the Western catalog and the course syllabus.
4. The grade received in each course will appear on my official high school and university transcripts.
5. College course credits may transfer in congruence with Colorado GT Pathways or articulation agreements if I earn a "C" or better in the course.
6. If I seek to add, drop or withdraw from a course, I must meet with my high school counselor and notify Western's Concurrent Enrollment staff by the drop deadline.
7. If I withdraw from a course after the drop deadline, the university will record a "W" or "F" on my university transcript.
8. If I receive a grade of "F" or an "Incomplete" or withdraw from a course after the drop deadline, my family and I may be required to pay the school district for the tuition paid for the course.
9. In compliance with the Family Education Rights and Privacy Act (FERPA) of 1974, I give permission to report absences and disciplinary issues, and to release grades, transcripts, in progress grades, class schedules, and billing information as available to my school district.
10. I authorize Western State Colorado University to apply for the College Opportunity Fund (COF) on my behalf, and to authorize the COF stipend to be applied to my Western student account (if necessary).
11. If I do not authorize College Opportunity Funds for my coursework, my family and I will be billed for the tuition typically covered by the COF stipend (\$75/credit).

I understand and will abide by all of the statements in this Section B.

Student signature & date

Parent/Guardian signature & date

Deliver this form to your high school counselor to complete the final section.

To be completed by High School Counselor/Principal. Check all that apply.

This student is under 21 years of age.

This student is eligible to enroll in basic skills courses at the university (12th grade only).

High School counselor/principal signature: _____ Date: _____ Title: _____

Approved by Principal/Superintendent (designee): _____ Date: _____

The school district agrees to pay tuition for _____ credits this term.

Attention High School Counselor: Your initials next to a course verify that the course is included in the student's ICAP/PEP.

Course Title	Concurrent Enrollment Teacher	Credit Hours	Counselor Initials	Prerequisite Met?**

Attention High School Counselor: Your initials and documentation of student's completion of prerequisites are necessary for enrollment. Prerequisite information is listed in the [Western Catalog](#). ** Please attach documentation of prerequisites met (e.g. copy of ACT or Accuplacer score report, copy of transcript, etc.).