

CONCURRENT ENROLLMENT
Statement of Agreement for Student and Parent/Guardian
_____ School District

Name of college course for which you are registering: _____

Name of sponsoring higher education institution: _____

High school concurrent enrollment instructor: _____

My signature as the student indicates:

1. I acknowledge that enrollment in this concurrent course will be of benefit to me in my chosen career pathway. My parent(s) and counselor concurred.
2. I understand that my teacher is sponsoring me for enrollment in a college level course.
3. I accept the responsibility for completing the admission and enrollment process, paying applicable admission fees and returning all required signed materials **with all the appropriate signatures by the stated deadlines**. I agree to abide by all conditions presented on the forms.
4. I understand that the university/college has attendance guidelines for concurrent enrollment courses that I must follow.
5. I understand that the university/college grade will be posted on my high school transcript and if I am eligible for additional high school credit, that credit will also be posted on my high school transcript.
6. I understand that the university/college grade will be posted on the university/college transcript.
7. I understand that enrolling for a concurrent class may affect my high school GPA, class rank, and total credits earned.
8. I understand that should withdrawal from a concurrent course be necessary, it is my responsibility to follow all university/college guidelines for withdrawal. I understand that withdrawal from the high school class does not automatically withdraw me from the university/college course. I understand I must withdraw from the university/college following their policy and deadlines and withdrawal grades will be reflected on my university/college transcript.
9. I understand that I may earn no more than 30 hours of concurrent course credit in a school year. The school year begins the first day of summer vacation and ends with the last day of the high school spring semester. Should I earn more than 30 hours of concurrent credit in the school year, I understand that it is my responsibility to reimburse my school district for incurred tuition costs.

Student Signature

Date

My signature as parent/guardian indicates that I support the decision of this student to enroll in a college-level course with the expectations and responsibilities outlined above in respect to the university/college and _____ School District.

Parent/Guardian Signature

Date