

East Central UNIVERSITY

Concurrent Enrollment Verification Form

Complete and Return to
Mail: Office of Admissions
East Central University
PMB R-8
Administration, Room 102
1100 E. 14th Street Ada,
OK 74820
Email: admissions@ecok.edu

This is to certify the following named student is eligible to satisfy requirements for high school graduation no later than the spring of his/her senior year. Our signature verifies recommendation of the student's concurrent enrollment at East Central University.

Name of Student _____

Current classification: Junior Senior (check one)

High School _____ City _____

Current session and year (fall, spring, or summer & year) _____

Signature of High School Principal or Counselor

Date

An official high school schedule for the semester in which the student intends to take concurrent courses must accompany this form in order for the student to be enrolled at East Central University. All high school courses including, but not limited to, study halls, aid periods, band, and athletics are considered courses and must be listed on the schedule.

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 Records Office and my academic advisor to monitor my attendance and grades. I also authorize the release of my college records to my high school principal and counselor while I am enrolled as a concurrent student.

Student Signature

Date

As the parent/legal guardian, I grant permission for _____ enroll concurrently at East Central University.

Signature of Parent / Legal Guardian

Date

FOR OFFICE USE ONLY

Verified: _____

Admitted: _____