



Concurrent Enrollment Verification Form

For your first semester of concurrent enrollment, you 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 submit this form to the Academic Success Center in order to enroll.

STUDENT NAME _____ BIRTHDATE _____
(Last) (First) (Middle) (MM/DD/YYYY)

HIGH SCHOOL _____
(High School) (City)

I WISH TO ENROLL IN THE FOLLOWING TERM AT ECU (*If summer & fall, please indicate both on form.)

☐ SPRING 20____ ☐ SUMMER 20____ ☐ FALL 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 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.

(Signature of Student) *REQUIRED (Phone Number) (Date)

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 (Phone Number) (Date)

THIS AREA MUST BE COMPLETED AND SIGNED BY A HIGH SCHOOL OFFICIAL.

I have reviewed the academic record of _____ and verify the following information for this student.

Classification* Junior ☐ Senior ☐ Expected graduate date(MM/YYYY): _____

THIS STUDENT WILL BE ENROLLED IN THE FOLLOWING COURSES IN THE ACADEMIC TERM INDICATED ABOVE**

A student's combined enrollment at your high school and East Central University **may not exceed 19 hours for a fall/spring semester or 9 hours for summer without special permission. One-half high school unit is calculated as 3 hours of college work. Please list all classes above.

I certify that the applicant is eligible to satisfy high school graduation requirements (including curricular requirements for college admission) no later than spring of their senior year.

The student's transcript should be mailed to (counselor/principal's school address):

(Printed Name and Signature of Counselor/Principal) *REQUIRED (Phone Number) (Date)