

**Concurrent Enrollment Verification Form** 

For your first semester of concurrent an official high school transcript, and t			lication, official ACT/SAT/PACT/PSAT, Office of Admissions and Records.
For each semester thereafter, you with	ll need to submit this form t	o the Academic Success	Center in order to enroll.
STUDENT NAME		(First) (Middle) BIRTHDATE (MM/DD/YYYY	
(Last)	(First)	(Middle)	(MM/DD/YYYY)
HIGH SCHOOL			
HIGH SCHOOL(High	School)	(City)	
I WISH TO ENROLL IN THE FOL			lease indicate both on form.)
SPRING 20	SUMMER 20	<b>_ F</b> A	ALL 20
THIS AREA T	O BE COMPLETED BY S	STUDENT AND PARE	NT/GUARDIAN
2.0 or above on a 4.0 scale to be considered authorize the Office of Admissions & Trelease of my college records to my high	dered in good academic stan Records and my academic a gh school principal and cour	ding and to be eligible fo dvisor to monitor my atten nselor while I am enrolled	endance and grades. I also authorize the
(Signature of Student) *REQUIRED	(1	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) *REQ	UIRED (	Phone Number)	(Date)
THIS AREA MUST E	BE COMPLETED AND	SIGNED BY A HIGH	H SCHOOL OFFICIAL.
I have reviewed the academic red         the following information for this s         Classification*       Junior       S         THIS STUDENT WILL BE ENROLLE         **A student's combined enrollment         fall/spring semester or 9 hours for         of college work. Please list all classed	enior Expected D IN THE FOLLOWING CO	graduate date(MM/Y DURSES IN THE ACADE	YYYY): EMIC TERM INDICATED 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. (Printed Name and Signature of Counselor/Principal) *REQUIRED (Phone Number) (Date)			
(Frinted Name and Signature of Cou	nselor/Principal) *REQUI	<b>KED</b> (Phone N	Jumber) (Date)
FIRST-TIME STUDENTS: Submit this the RETURNING STUDENTS: Please bring		1	