

Carl Albert State College

Concurrent Permission Form

Student Information:

Term and Year of Enrollment: _____

Classification: ☐ Junior ☐ Senior

Student First Name: _____

Student Last Name: _____

Date of Birth: ____ / ____ / ____

Social Security Num.: ____ - ____ - ____

High School: _____

Anticipated High School Graduation Year: _____

Have you attended any other College or University? ☐ Yes ☐ No

Carl Albert State College Enrollment Information:

Course Number	Section Number	Course Name	Day/Time or Online	For Office Use Only

High School Enrollment Information:

THIS SECTION MUST BE COMPLETED BY HIGH SCHOOL COUNSELOR

Number of Academic Credits Enrolled in at High School: _____

Student Unweighted High School GPA: _____

Concurrent Students may not exceed 19 Credit Hours combined between High School Academic Units and College Credit Hours in the Fall and/or Spring Semesters. For the purpose of calculating total Credit Hours, each .5 Academic Unit taken at the High School is equivalent to 3 College Credit Hours. Non-Academic High School Units (such as office aid, library aid, athletics, band, choir, or yearbook) are considered 0 Credit Hours and should not be included in the number listed above.

Students wishing to exceed enrollment limits of 19 Credit Hours in the Fall and/or Spring must have the Counselor's signature of approval, otherwise, please leave blank.

Counselor Approval for Overload Signature: _____

Date: _____

Required Signatures:

Student and Parent/Guardian: I have read and understood the Concurrent Enrollment Policy as outlined in the Carl Albert State College General Catalog. I understand the tuition waiver applies within the waiver limits and assume responsibility for costs generated by this enrollment including, but not limited to, fees and/or books, as well as any tuition for courses taken above the waived tuition limit. I understand that for future enrollments my student balance at Carl Albert State College must be paid below \$500 and I must maintain a minimum 2.00 college GPA. Further, I agree to give CASC Admissions Office personnel permission to share enrollment information, billing information, Official Transcripts, grades, and progress with my High School Counselor/Officials.

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Counselor/Principal Signature: _____

Date: _____