TULSA COMMUNITY COLLEGE DUAL CREDIT TO COLLEGE DEGREE HIGH SCHOOL CONCURRENT STUDENT ENROLLMENT FORM

SECTION 1A, 1B, AND 1C TO BE COMPLETED BY STUDENT and PARENT/GUARDIAN

1A. STUDENT INFORMATION	LAST NAME	FIRST NAME	M. INITIAL
Address	City, ST, zip	Birthdate mm/dd, //	/yyyy /
Email	Phone: ()	TCC Student ID#	Τ
High School Name:	Expected high school graduation dat MM/YYYY / /		Are you registered for Oklahoma Promise Scholarship?yesno
Have you enrolled in any other college or university ? Y N If yes, have you sent the transcript to TCC? Y N	_ Bursar balance owed from prior sen Y N (Zero balance required		Semester: Check only oneFallSpringSummer

1B. COLLEGE COURSE ENROLLMENT: PRINT ONE COURSE PER LINE FOR THE SEMESTER MARKED ABOVE

CRN: (5 digit enrollment code)	Section #: (3 digit code)	Course site: (ex. West)	Discipline: (ex. Math)	Course Title: (ex. Precalculus I)	Credit hours: (ex. 3)

Total college credit hours for calculation of maximum load.

1C. REQUIRED SIGNATURES SECTION: STUDENT AND PARENT/GUARDIAN RESPONSIBILITIES

I understand and consent to the TCC policy guidelines for concurrent enrollment and the TCC student handbook guidelines (see reverse). Any changes for the semester enrollment must be completed on the TCC schedule adjustment form and signed by the student and high school designee. Failure to withdraw by posted deadlines may result in an F grade that cannot be removed and may result in future financial aid consequences. This enrollment form is only effective for the semester indicated above, and enrollment forms must be submitted each semester. I assume financial responsibility for any costs associated with this enrollment, and my balance must be paid in full before enrolling in subsequent semesters (see Bursar on reverse). I give my permission for Tulsa Community College to share information with my high school regarding attendance, grades, academic performance, disciplinary actions, and my student record.

Student signature _

Parent/Guardian signature

SECTIONS 2A,	2B. AND	2C TO BE	COMPLETED	BY HIGH	SCHOOL	COUNSELOR
JECHONS ER,	LD, AND	LC IC DL			JUIDOL	COUNSLEON

2	2A. High School:	_ Counselor: Last Name	First	
Ρ	'hone () Email	@	Pilot	
Н	2B. High school Semester: Check only oneFallSpring ligh school semester course schedule: List one class per line for the enters. Schedule not applicable for summer enrollment.		edule including technology	Credit hours for max load count
1				3
2				3
3				3
4				3
5				3
		Total high school credit hours for o	calculation of maximum load.	

<u>Total</u> college and high school load not to exceed 19 credit hours of academic coursework. (see load policy on reverse).

TO BE COMPLETED BY TCC_STAFF:								
TCC:SEMESTER	_ GRAD. YR	CURRENT HS	TRANSCRIPT		COMBINED LOAD	WAIVER	GPA	·
TYPE OF TEST:	АСТ	: COMPRD	MATH	ENGL	SC.R	SAT: COMP	RD/WR	MATH
ACCUPLACER: ACCR	SNE	WRT1	AAF/AC	CF	QAS/ ACCQ			
TCC STAFF REVIEWER				DATE	RECEIVED			Revised 4-4-18