



Concurrent Enrollment & Policy Form

Student Name: _____ Social Security Number: _____

Date of Birth: _____ High School: _____ Graduation Year: _____

Have you submitted the online Concurrent Admissions application? YES NO

<u>Course Prefix/CRN</u>	<u>Course Title</u>	<u>Instructor</u>	<u>Term</u>
Example: ENG1003/60660	Freshman English	V. Vanguard	Fall/Spring
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

High School Personnel

The above student is in good standing with our high school, has *at least a 2.5 GPA*, requisite test scores, and is approved to take the CEP classes listed above.

Student GPA: _____

Principal, Counselor, or High School Designee Signature Date

College Personnel

Staff initials, Student ID & Date:

Payment: Cash / Check / Campus / Other:

Check #: _____ Taken by: _____

Official Test Scores Must Be Attached to This Enrollment Form

Required Test Scores

Class Type	ACT	Next Generation Accuplacer
Math	19 - Reading / 19 - Math	253 - Reading / 250 - Math QAS
English & Literature	19 - Reading / 19 - English	253 - Reading / 5 - WritePlacer or 255 - Writing
All Other General Education	19 - Reading	253 - Reading

There may be additional pre-requisites or course sequences required to take specific classes.

As the student enrolled in the ASU-Beebe Concurrent Enrollment Program, I hereby:

- Grant ASU-Beebe permission to release and receive information to the parent/guardian whose name and signature appears on the Parent Consent Form and authorized personnel at my high school, thereby waiving my rights to privacy under the Family Education Rights and Privacy Act (FERPA). <http://www.asub.edu/registrar-office/ferpa.aspx>
- Understand that in order to drop a Concurrent Enrollment course the appropriate paperwork must be complete and submitted to the ASU-Beebe Concurrent Enrollment Office. Please be aware of the final drop date for the semester/term.

Personal Email: _____ Phone: (_____) _____

Student Signature: _____ Date: _____

Please complete
Parent Consent Form
on back.

Office of Concurrent Enrollment, PO Box 1000 Beebe, AR 72012
Email: concurrent@asub.edu Phone: (501) 882-8832



Concurrent Enrollment Parent Consent Form

ASU-Beebe Concurrent Enrollment Program provides enrichment opportunities for high school students who have excelled academically.

As the parent (or legal guardian) of _____
(Please print clearly and use full legal name of child)

I hereby consent to his/her enrollment in the ASU-Beebe Concurrent Enrollment Program. In addition to such consent, I hereby acknowledge and accept the following:

1. My student must meet certain requirements set forth in the ASU-Beebe Student Handbook and ASU-Beebe Catalog. Concurrently enrolled students are expected to meet the same standards of achievement as the postsecondary students enrolled at ASU-Beebe.
2. My student can earn college academic credit as a result his/her enrollment and successful completion of the program. The credits earned from this coursework will be a permanent part of my student's collegiate record, maintained in ASU-Beebe student records.
3. My student's tuition is due at the time of registration. Students with an outstanding balance will not be permitted to register for future courses or receive a college transcript.
4. I understand courses that are not part of the Arkansas State Minimum Core may not be transferable or applicable to my student's postsecondary degree. You can view how general education courses transfer to various Arkansas public colleges and universities via the Arkansas Department of Higher Education Course Transfer System (ACTS) [Arkansas Division of Higher Education \(adhe.edu\)](http://adhe.edu).
5. I understand colleges may consider concurrent courses, even those not applicable to my student's degree, as attempted hours when evaluating Satisfactory Academic Progress (SAP) for determining Financial Aid awards. At ASU-Beebe, all college level courses attempted and earned are considered for calculating SAP.
6. I understand my student's ASU-Beebe record is protected under the Family Educational Rights and Privacy Act (FERPA). <http://www.asub.edu/registrar-office/ferpa.aspx>

Parent (or Legal Guardian) Information:

Name (please print clearly): _____

Relationship to student: _____

Address: _____

City: _____ Zip Code: _____ Phone: (_____) _____

Parent/Guardian Email: _____ Date: _____

Parent/Guardian Signature: _____

Do you approve of your child taking online classes? YES NO