## OSU – Oklahoma City Concurrent Approval Form



Name:	CWID:		Birth Date:	/	/
High School Officials					
I have examined the academic records of this student and certify that they are eligible to satisfy high school graduation requirements (including curricular requirements for college admission) no later than the spring of their senior year. Therefore, I recommend that the student be permitted to enroll for the following semester:					
□Fall   □Spring   □Summer 20   □Junior   □Senior ,with an anticipated graduation date of:/					
High School	High School Official Signature		Date		
High School Official Phone High School Official Email					
Parent/Guardian					
As parent/guardian of this student, I hereby give permission for them to be enrolled concurrently in both high school and OSU-OKC courses for the semester listed.					
Parent/Guardian Name	Parent		Da	te	
Proposed Schedule for Selected Term					
High School Course(s)		OSU-OKC Course(s)			
		Rec	ommended Hours:		

## Applicant

## By my signature below, I:

- 1. Understand that withholding information requested or giving false information may make me ineligible for admission to, or continued enrollment at, OSU-Oklahoma City.
- 2. Authorize any high school, university, or college I have attended to furnish enrollment and/or grade information requested by OSU-Oklahoma City.
- 3. Understand that I must maintain a minimum of 2.0 college cumulative GPA to continue concurrent enrollment and that falling below that could affect future academic plans, including admissions and scholarships.
- 4. Authorize OSU-Oklahoma City to release grades, attendance records, class schedule, and official transcripts to my high school counselors, principal, or records office upon their request.
- 5. Promise to fulfill all financial obligations to the institution which I may incur and will comply with all Board of Regents and institutional policies or standards.

Applicant's Signature