



University
College

Concurrent Enrollment Registration Form

Student Name: _____ ID Number: _____ Date of Birth: _____

Student Email Address: _____ Student Cell Phone Number: _____

Session: Summer 1 Summer 2 Fall 1 Fall 2 Spring 1 Spring 2 Year: 20 _____

Student Acknowledgement:

I understand that participating in this program provides me with an opportunity to enroll in a University College college course and to access programs and services available to all UC students. I further understand that I am responsible for knowing and following all college policies and procedures related to academic performance and student behavior as outlined in the catalog. I have read and understood the expectations and responsibilities outlined in the "High School Concurrent Enrollment Program" webpage at www.apu.edu/university-college/admissions/high-school/ and agree to all conditions.

Student Signature: _____ Date: _____

To be completed by Principal or designee

(10th graders must also include a recommendation letter from Principal, or designee)

High School: _____

The above student is in the _____ grade level.

The above named student has a grade point average of _____.

I further certify that:

- This student is enrolled for at least the minimum school day (EC48801)
- This student would benefit from "advanced scholastic or vocational work" (EC48800)
- The courses recommended are for enrichment purposes (EC48800)
- The recommended courses are not alleviating an academic deficiency

Courses to be taken by a concurrent student should be decided in concert with the high school counselor. Students are able to enroll in any 100-level courses if the course prerequisite is met. The student shall receive college credit from UC for all courses that have been successfully completed. Students are responsible to verify transferability of courses to other colleges and/or universities.

Course Title

Units

1. _____

2. _____

Principal (or Designee) Name (print): _____ Title: _____

Signature: _____ Date: _____

University College, Azusa Pacific University • Admissions

300 N. Lone Hill Ave., #200, San Dimas, CA 91773 • Email: admissions@uc.apu.edu • Fax: 626-963-1761



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Concurrent Enrollment Registration Form—Continued

Parent/Legal Guardian Acknowledgement

I grant my approval for the above named student, a minor in my care, to attend University College at Azusa Pacific University as a Concurrently Enrolled Student. I certify that I have read and signed the "Concurrent Enrollment Parent & Student Information" and understand the responsibility and expectations of my child attending University College at Azusa Pacific University.

Parent Signature: _____

Date: _____

For Office Use Only

11th/12th grade: _____ 10th grade: _____

Recommendation Received: _____

Approved

Denied

Comments: