High School Concurrent Enrollment
Supplemental Application

Student Name ______________________________________________________

High School/Program ________________________________________________

Term/Semester _____________________________________________________

Application Checklist
- Complete the UCCS Non-Degree Application online at www.uccs.edu/apply (only required once).
  - Select the “Non-degree High School Concurrent” option under the Undergraduate Class Status
  - Application fee is waived for High School Concurrent enrollment
- Include an printed high school transcript or have an electronic version sent to ugapp@uccs.edu
- Include an unofficial transcript of any previous college coursework
- If applicable, include ACT, SAT, or PSAT test results
- Complete the Concurrent Enrollment agreement application with all necessary signatures

NOTE: High school concurrent enrollment admission is for ONE semester only. You must submit a new Concurrent Enrollment agreement (next 2 pages) for each semester you wish to attend.

Appointing Official Signature (Principal, Counselor, Advisor)
I have reviewed the education plan of this applicant and the admissions candidacy, listed below. I believe this student is academically, and socially, capable of University-level coursework. I recommend this student for concurrent enrollment admission.

Signature: ___________________________________________________   Date: __________

Concurrent enrollment admission review takes in many factors to ensure success of the student at the University. Below, please check all the apply and supply the necessary documents for this review.

Admissions Candidacy
☐ 3.0 weighted high school GPA
☐ C or better grades in all of HS coursework
☐ C or better grades in all completed/previous college coursework
☐ Is enrolled in the high school’s college preparatory curriculum (verified by transcript)
☐ ACT composite of 22, or SAT combined score of 1120, or PSAT combined score of 1410.

Parent Signature
I understand that college credit earned by a high school student will count in the University record; that all University, academic, and conduct rules and policies apply to my student; that my student is socially responsible and mature to enroll in the university-level environment to fulfill the requirements and assignments of the course.

Signature: ___________________________________________________   Date: __________

Applicant Signature
I understand that all grades earned while enrolled as a concurrent student will form part of my overall collegiate GPA. I understand that I must report my attendance at the University to any subsequent college/university which I attend in the future. I understand I must adhere to all University, academic, and conduct rules and policies during my enrollment.

Signature: ___________________________________________________   Date: __________
Concurrent Enrollment Agreement

You have indicated that you are interested in enrolling in a college course while a high school student. The State of Colorado provides several options for high school students who meet high school standards to begin college early. The purpose of these options is to provide academic challenges and access to academic courses that may not be available at a local high school, to meet high school graduation requirements.

Persons under 21 years of age, enrolled in grades 9-12 in a school district, demonstrating academic and personal readiness for college level courses, are eligible for Concurrent Enrollment programs. Concurrent Enrollment students earn both high school and college credit for the same course, and the students’ share of the college tuition is paid by the school district. Full-time high school students retained beyond grade 12 may not enroll in more than 9 total Concurrent Enrollment college credits during the repeat year. To enroll at an eligible postsecondary institution, a student must complete the minimum course prerequisites and all required assessments.

SECTION A: Completed by Student  (Print)

Name of Student ________________________________  Semester/Year __________________

Student ID (S#) ________________________________  SASID __________________

Address ______________________________________  City ________________________  Zip ______

Phone ________________________________  Email __________________________________

Date of Birth ________________________________  Age ______________  Grade in School ______

Currently Attending: ___________________________ High School  HS Graduation Year __________________

Name of Parent / Guardian __________________________

<table>
<thead>
<tr>
<th>Subject</th>
<th>Course Number</th>
<th>Course Title</th>
<th>Credit Hours</th>
<th>Counselor Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Attention High School Counselor: Your initials above, verify that the course(s) align with the Student's ICAP.

Section B: Student Eligibility: Completed by High School Counselor.

Check all that apply:

☐ This Student is under 21 years of age.

☐ This Student has the maturity and personal readiness to enroll in a college level course and to complete the assignments for the course.

☐ The School District agrees to pay the tuition for _____ courses / credits this term, based on tuition rates set by SBCCOE.

☐ This Student is eligible to enroll in remediation courses at the college (grade 12 only).

☐ This student is enrolled as a fifth year senior and is eligible for no more than 9 total college credits per academic year as a full-time student, with no more than 6 credits per semester (3 credits for part-time students).

☐ This Student is a part-time student and is eligible for up to 11 college credits. (includes Homeschool students)

HS Counselor/Designee Signature ____________________________________________  Date ____________

HS Principal/Designee Signature _____________________________________________  Date ____________

District/Designee Signature ________________________________________________  Date ____________
Section C: To be Signed by Student and Student’s Parent/Guardian

Student and Parent/Guardian: Your signature below indicates that you wish the above-named Student to participate in the Concurrent Enrollment (CE) Program and that you agree to the following:

1. The Student received advice and counsel about participating in the CE Program from his/her high school.
2. The college course(s) listed above align with the Student’s Individual Career & Academic Plan (ICAP), and only courses that apply toward a college degree or certificate, or that qualify as basic skills (grade 12 only), are covered under the CE Program.
3. The Student may not enroll in a course under the CE Program unless approved by the School District.
4. The Student must meet the same prerequisites and course expectations as other college students, as noted in the current academic year Catalog and course syllabus.
5. If the Student seeks to Add, Drop, or Withdraw from a college course, he/she must meet with the High School Counselor or Concurrent Enrollment Designee to confirm desired changes.
6. The College Course Final Grade, as recorded on the College Transcript, will appear on the Student’s official high school transcript; if the Student withdraws from a course after the designated semester Drop Date, a “W” or “F” will be recorded on high school and college transcripts.
7. College Course Credits may transfer in congruence with Colorado GT Pathways or articulation agreements if the Student earns a College Course Final Grade of “C” or better.
8. If the Student receives a College Course Final Grade of “D,” “F,” or withdraws from a course after the designated semester Drop Date, the Student and Parent/Guardian will be required to repay the School District for the Tuition paid on his/her behalf.
9. The Student must apply for the College Opportunity Fund (COF) before enrolling in Concurrent Enrollment courses, and authorize use of his/her COF Stipend for all eligible credits for the semester stated above and all future semesters. College-level credits used will be deducted from the Student’s COF lifetime account (when applicable).
10. In compliance with the Family Educational Rights & Privacy Act (FERPA) of 1974, the Student gives permission to the postsecondary institution to report attendance and disciplinary issues and to release final grades, in-progress grades, transcripts, class schedules, and billing information, as available, to the School District for the courses covered under the Concurrent Enrollment Program.
11. The Student and Parent/Guardian agree to give permission for the Institution of Higher Education to provide a full and complete copy of all educational records contained on the Student’s official postsecondary transcript, including all courses taken through Concurrent Enrollment.
12. Parents/Guardians of Students in need of accommodations must contact the College’s Accessibility Services Office prior to the start of the concurrent enrollment semester.

Student’s Signature ____________________________________________ Date ______________________

Parent’s Signature ____________________________________________ Date ______________________

Revised 03/09/15