



## Concurrent Enrollment & Policy Form Fall 2024 & Spring 20255

Student Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ High School: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

**Online Application Submitted?** YES  NO

<u>Course Prefix/CRN</u> Example: ENG1003/	<u>Course Title</u> Composition 1	<u>Instructor</u> Ace Aviator	<u>Term</u> Fall/Spring
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

**High School Personnel**

The above student is in good standing with our high school, has *at least a 3.0 GPA*, requisite test scores, and is approved to take the CEP classes listed above.

Student GPA: \_\_\_\_\_

Principal, Counselor, or High School Designee Signature

Date

\_\_\_\_\_

**Test Scores May Be Attached to This Enrollment Form**

**Required Test Scores**

Class Type	ACT	ACT Aspire
Math	19 - Reading / 19 - Math	432 - Math
English	19 - Reading / 19 - English	428 - English/Reading
All Other General Education	19 - Reading	

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

**As the student enrolled in the ASUN Concurrent Enrollment Program, I hereby:**

1. Grant ASU-Newport 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).
2. Understand that to drop a Concurrent Enrollment course the appropriate paperwork must be complete and submitted to the ASU-Newport Early College Programs – Concurrent. Please be aware of the final drop date for the semester/term.

Student Email: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete  
Parent Consent Form  
on back.

**Office of Early College Programs - Concurrent, ASU-Newport,  
7648 Victory Blvd., Newport, AR 72112  
Phone: (870) 512.7800**



## Concurrent Enrollment Parent Consent Form

ASU-Newport Early College Programs – Concurrent, 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-Newport Early College Programs - Concurrent. In addition to such consent, I hereby acknowledge and accept the following:

1. My student must meet certain requirements set forth in the ASU-Newport Student Handbook and ASU-Newport Catalog. Concurrently enrolled students are expected to meet the same standards of achievement as the postsecondary students enrolled at ASU-Newport.
2. My student can earn college academic credit because of 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-Newport student records.
3. 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).
4. 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-Newport, all college level courses attempted and earned are considered for calculating SAP.
5. I understand my student's ASU-Newport record is protected under the Family Educational Rights and Privacy Act (FERPA).

### 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

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