

Parental Consent Form Concurrent Enrollment

UCA Registrar's Office-Harrin Hall 222-B 201 Donaghey Avenue Conway, AR 72035

Student Information

Date

Studen	: Name	Date of Birth	/	/	
Phone_	Email Address	ress			
UCA St	udent ID or Social:	_			
Studen	c's Signature (required)	Date			
Parent	Guardian Guardian				
 2. 3. 4. 5. 	I am the parent or legal guardian of the above named student University of Central Arkansas Concurrent Enrollment Progration I acknowledge that my student will be subject to adhere the Central Arkansas. The tuition cost for Concurrent Enrollment is \$10.00 per creation which will be charged check the second digit of the compact of the	am. It all rules, regulations and particle that hour for each course he/sourse number. (Example: Chawill be billed by UCA. The ball may also be sent to the student accounts hold". Student was also be sent to the student accounts hold. Student accounts transcripts for part of my student's collegiate. I will not have access to the powithdraw from a concurrer adrawal. I understand that we	policies she take arges wi ill will b dent UCA ents who r the cor e record academ at credit ithdrawa	of Universes. To dete II be \$30.0 e mailed to A email accordance they and maint ic records course, it al from the	sity of rmine 00 for to the count. ds will have tained of my is my e high
I have	ead and understand the above policies and requirements:				
Please	Print Name Parent/Guardian				
Parent	/Guardian Signature (required)				